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A LECTURE,

INTRODUCTORY TO A COURSE

ON ANATOMY,

DELIVERED BY

DR. WILLIAM HUNTER,

October, 1775.

Anatomy is the art of examining human bodies by dissection; the advantages we receive from it are very great, the principal of which is, that it teaches a rational method of curing diseases.

The word Anatomy is derived from the Greek, and, strictly speaking, signifies cutting, but in its most general acceptation is less confined, signifying any thing done with a view to discover the structure and organisation of animals, comprehending, in this sense, maceration, injection, corrosion, distillation, boiling, preservation, &c., and is extended to every part of the body. Anatomy is divided into human and comparative; the first respects only the human species, the latter includes all other animals whatever; the first, or human anatomy, is what we propose to teach, intending only to introduce occasionally just so much of the second as may be necessary to illustrate and more readily explain the first.

The structure of the human body in many parts is so extremely delicate and fine, as to remain yet undiscovered; in others it is more apparent, and comes under our inspection. From the dissection of brutes, the ancients gained all the anatomical knowledge they were possessed of; no wonder then that we find their descriptions of the human body were erroneous and incorrect, and so greatly inferior to those of the moderns, who have such frequent opportunities of having recourse to human bodies to solve their difficulties.

This, as well as most of the arts, have undergone many revolutions; at one time it has been held in the highest veneration, and cultivated by men of eminence, at another time it has been despised and neglected: as to its origin we are still in the dark; like other things, perhaps, it had no precise beginning, the common accidents of life awakening now and then an attentive mind to the consideration of the subject, so that it is very probable the first man might have attained some knowledge of the external form, and even a small degree of the internal. This rude knowledge gradually improving, from men's having observed the alteration in bodies by all kinds of violence, funeral ceremonies, and such like, at last grew into a system: it must have received great assistance from the ceremonies used at sacrifices; he whose duty it was to perform these rites, could not but find something to engage the attention and excite reflection. The priest, the augur, but above all, the butcher, must have acquired some idea of the animal machine, these occupations leading them often to the inspection of brutes; the finding of brutes similar in many respects to mankind, and they being easily procured, induced men more frequently to examine into their texture, by which means a gradual insight was gained into the animal economy, and anatomy became a branch of learning. The Greeks are the first people we have any authentic accounts of, who studied it as an art; it is probable they first derived their knowledge from the eastern nations, particularly the Ethiopians and Egyptians, from its being so closely connected with astronomy in its infancy. The Egyptians and other eastern nations, from the situation of their country, the clearness of the sky the greatest part of the year, and from their sleeping on the housetop, with no other canopy than the heavens, could not fail of making many observations on the motion of the heavenly bodies; and from the great influence these motions were supposed to have on the human body, it is highly probable that they studied anatomy likewise. However that may be, Thalis, surnamed the wise, is the first anatomist we have any account of, and this was 580 years before Christ. No progress was made in the art till the time of Hippocrates, who was contemporary with Socrates, Xenophon, and Plato, 400 years before the christian era. They divided anatomy and medicine from the other arts, and made it a distinct study; thus the first author we have any account of, who wrote on anatomy, informs us that he never had an opportunity of inspecting the human body, and but once saw a human skeleton. The first dissection we have on record, was made by Democrates, who had for his subject a hog.

From Hippocrates the art gradually increased till the time of Galen, who lived in the second century (i.e. 600 years after Hippocrates). During this interval, several great men appeared, who contributed much to its advancement, particularly Aristotle, who lived about 100 years after Hippocrates; he raised philosophy; and also Xicrophilus and Aristratus (about 251 years before Christ) of Alexandria, where the Greeks went to finish their education; there, most probably, the first human dissection was made. Galen applied himself diligently to anatomy, studied in Asia Minor, and thence he went into Alexandria, and composed many books, which, for the time he lived, were certainly very great performances; but his dissections were chiefly confined to quadrupeds, opportunities of dissecting the human subjects, from the superstitions of the times, being very rare. For a long series of years after Galen, the art declined; so, indeed, did arts in general decay, as the Empire of Rome decayed. Galen had acquired so great a character as an anatomist, that his successors, probably despairing of going beyond so great a man, contented themselves with explaining his doctrines. Then in the fifth century learning of every kind received a severe stroke from the irruption of the barbarian Goths and Vandals, who overcame all the Western Empire, and destroyed whatever traces of arts they could find; which obliged men of learning and others to fly to Greece to avoid their fury; but in the middle of the seventh century it received almost a total overthrow from the Saracens, who spread their devastations over the East, surpassing the former in cruelty, and contempt of letters. Among other places that suffered from their violence, was Alexandria, which had been the seat of learning for 900 years, when the first library then in the world was burnt. In less than 100 years after the appearance of Mahomet, they had conquered all Asia Minor and Africa, and about the year 717 came to the eastern parts of Europe; here they laid siege to Constantinople, the only place where the arts survived, but happily were repulsed under the government of Calippis. Physic and anatomy were on a very indifferent footing, but Abellagh, who lived about the year 749, protected learned men, and invited them to court, particularly the Arabians, who had learnt this art from the Greeks; and from the Arabs the western parts of Europe gained all their knowledge, Spain being conquered and possessed by them. The arts, which had been almost extinguished by the irruptions of the Goths and Saracens in the latter part of the thirteenth century, began to dawn in Europe, particularly in Italy, where Mimdeen, in the year 1315, published and explained whatever was left by Galen, which publication was, by a public decree, pronounced the standard of medicine, and was received in all schools throughout Italy for 200 years.

In the fifteenth, the descendants of the Saracens, the Turks, took Constantinople, and committed the same outrages their predecessors had done; the Greeks fled from their barbarity to Italy, which was, at this time, disposed to have a desire of literature arising among them; thus it came about that the Italians made some advances to restore learning, soon after which the useful art of painting was invented. The Portuguese found out the passage to the Cape of Good Hope. In the fifteenth century, Columbus discovered America; so that many circumstances arose at the same time to excite men to cultivate the arts: and, indeed, the monuments of ancient knowledge, with which Italy every where abounded, must have contributed, in a great degree, to excite this flame. One reason why the Jews and Mahometans made no progress in anatomy, was their superstitious doctrines of cleanness and uncleanness, and therefore they were averse from the handling of dead bodies. About this time (in the fifteenth century) the famous Leonardo da Vinci, who was the first man who made any anatomical drawings, published a treatise, with anatomical plates and explanations; the figures are drawn with red chalk, touched with a pen, and the explanations written with the left hand backwards, so that it is necessary to make use of a looking-glass to read them. This book is now preserved in his Majesty's library, and testimonies are given by authors which render its authenticity indubitable.

Visans, in his Lives of the Painters, says that Leonardo composed for his own amusement the anatomy of a horse; and from the excellency of his figure and delineations, we may conclude him to be an excellent anatomist. Antonio de Lawsa read lectures at Padua, and was the first anatomical lecturer we know of; he explained Galen and taught physic. Morgagni and others taught anatomy, and made some few discoveries; but till the time of Vessalius, they did little more than copy Galen. In 1540, Vessalius appeared; he was at Brussels in 1514; from thence he went to Paris, and was under Silvius; here he remained eight years, and was uncommonly studious, often stealing limbs, and sometimes whole bodies, from the gallows. At the age of 28, he published a system of anatomy, illustrated with many noble figures, in which he dissented from the common errors adopted by Galen, and by Silvius. He was afterwards under Fernelius and Andromachus, where he now and then had opportunities of dissecting a human subject; afterwards he returned to Lorrain, where he taught anatomy; he was publicly invited to Padua by the magistrates, to teach anatomy and physic; he taught, also, at Bologna and Pisa, by turns, making one course to last about three weeks: he was well supplied with bodies, by public order, from the executions. He went afterwards to the court of Charles V.; but not being so well received by the emperor as he supposed he merited, he withdrew himself in a pet, and burnt all his papers. His dissenting from Galen gained him many enemies, particularly Silvius, Columbus, Fallopius, Eustachius and others, and with these he held great disputes; but in the course of these controversies, falling into the same fault of which he accused Galen, (having given descriptions of parts of the human body from those of brutes,) he came into disgrace, for in Spain he had an opportunity of dissecting human bodies: he lost his life as he was making a pilgrimage to the Holy Land. From his time the arts have been improving.

In the sixteenth century, Harvey, as customary then, went to study anatomy in Italy. His master, Fabricius ab Aquapendente, having discovered the valves in the veins, published his doctrine of veins, carrying the blood from the heart to the liver. This was sufficient for Harvey's genius to work upon; he found out the circulation of the blood in 1616, but did not publish it till 1628. Harvey's doctrine, at first, met with considerable opposition from the favourers of Galen's system. The next thing that naturally presented itself for inquiry, was the passage of the nutriment into the blood: in 1627, Assilius discovered the lacteals, and, in 1651, Pecquet, dissecting a dog to observe the lacteals, discovered the lymphatics. When these things were known, it was natural enough to inquire whether nature observed the same economy in the fœtus as in the adult. On this subject, Harvey published some valuable books, and about this time some Dutch anatomists, viz. Sevamerman, Van Hom Sten, and De Graff, made a great noise in their writings, in which they endeavoured to prove that viviparous animals are produced from eggs as well as oviparous ones. Malphigen, by the help of magnifying glasses, discovered parts which before escaped the minutest inspection: he was seconded by Levenhoeck, who discovered the globules of blood, and carried his researches so far as to affirm that he saw the communications of the arteries and veins, and that there were an infinite number of animalcula in the male semen. Towards the latter end of the last century, injections and other anatomical preparations were made, under Sevamerman and Rugirst, in Holland, and Coopare and St. Andrew, in England. Dr. Nicholas was the first who used the process of erosion, by which the vascular structure of many parts is made evident, by first injecting with wax. The figures and models made of wax, in general are all very inaccurate, but those made of plaster and lead, from the parts themselves, are very good and serviceable. Cheselden, Albiuus, and others, have given us several exact figures of different parts of the human body, which have helped to improve the art. [Among the discoveries of the present age, Dr. Hunter mentions those which he has been fortunate enough to make himself, and which he thinks the greatest since the discovery of the circulation of the blood, viz., that the lymphatics or absorbing vessels are the same as the lacteals, which, with the receptaculum chyli and thoracic duct, form one system of absorption; that in the gravid uterus, the internal membrane of the womb comprised the external one of the secundines, and, with them, is thrown off from the uterus, every time a woman brings forth or suffers a miscarriage, and is called decidua; and that, therefore, the placenta is partly made of excrescence or efflorescence from the uterus itself. Mr. John Hunter discovered the lacteals in birds, and Mr. Hewson those in fish.] A moment's reflection will prove that great strides have been made towards perfection, yet the subject is far from being exhausted; and were we more acute, we should find that what we now know, compared with that which is still unknown, would bear but a small proportion.

Astronomy and anatomy present us with the most striking views of the omnipotence and wisdom of the Creator. It is indispensably necessary for a man who practises surgery or physic, to be well acquainted with this study; it teaches him where to cut with safety and despatch, and enables him to form a just prognostic of diseases; in short, anatomy is the basis of surgery, it informs the head, guides the hand, and familiarises the heart with a kind of necessary inhumanity in the use of cutting instruments. The anatomist who can calmly consider the structure of the human body, without the noblest thoughts of its divine Author, if there is such a man, I say he certainly must have his soul labouring under a dead palsy.

Having taken a short view of the rise and progress of anatomy, we shall next proceed to give some account of the different methods of teaching it, but must first make some observations on the structure of the human body in general. When we take a view of a great number of differences of parts of which the human body is composed, and their dependence on each other, it appears to be such a complex machine, that instead of being surprised at the prodigious number of diseases to which it is liable, it is really admirable that every part performs its own office with such exactness and regularity. A moment's reflection will convince us that the animal fabric, though complex, is only necessarily so. Let us suppose it granted to a man to model a being like himself, but, if possible, with less imperfections; how could he go about the work? first, he has an intellectual mind given him, the structure in general given him to place in this body, she must be provided with a proper residence; the brain we will say is fit for this, where she may have her empire; as the mind is to hold an intercourse with the body, to be a faithful monitor to it, and to direct its motions, it must have servants for these purposes; of course it must have nerves to give a power of motion to enable it to pursue whatever objects are pleasing, and to avoid what are displeasing; muscles and tendons must be provided; different bones are wanting to support the fabric, and not one continued bone, which would make the body stiff and rigid; the ligaments serve to bind and keep the bones together, and that the ends of these may be more free and easy upon each other, they must be furnished with smooth cartilages and mucus; to fill the intermediate space, we add the cellular membrane, and, as a case or covering to the whole, the skin, which is also the organ of feeling, as regards the structure of the human body in general. This body is to live in society, and hold an intercourse with the beings around it; it must have the organ of speech; and the organ of speech requires the organs of hearing; the organs of sight are absolutely necessary on a thousand occasions: thus far, then, nothing appears superfluous. But the machine is not yet complete: it is the nature of matter to work on matter, and if the body were not continually recruited, it would soon be worn out; therefore that fine balsam, the fluid blood, must be provided to repair the machine, to wash away the old materials which are become useless, and to carry them to several emunctories of the body; viz., the various glands through which the noxious or useless particles are strained from the blood, and carried out of the body; that the blood may perform these offices, it is necessary it should circulate through every, even the most minute, part of the body, and thus, we see, we preserve the structure of the human body in general, the advantages arising from the heart, and arterial and venal systems. The blood itself, from performing these offices, would soon be expended, were it not continually recruited; this is done by food. The earth abounds with animal and vegetable substance proper for these purposes, and men are provided with most useful instruments, the hands, to procure subsistence. Food, in its crude state, is very different from blood into which it is changed, which makes the teeth, stomach, and, in short, all the organs subservient to digestion necessary; as also the senses of smelling and tasting, that we may be able to choose proper food. The finer and more subtle sorts of this prepared mass, being what is proper for the formation of blood, are absorbed by the lacteals in the intestines, and carried into the blood-vessels, while the grosser and useless part is carried, through the intestinal canal, out of the body. Now this body, like all limited ones, has its duration; it is nourished, grows, arrives at the structure of the human body in general at its perfection, decays, and falls to dust. That its species should be preserved, it is necessary it should have the power of multiplying its kind: thus we see there are different systems in the body,—the vascular system for nutrition, the nerves for sensation, the ligaments for union, the bones for strength, the muscles and tendons for motion, and the organs of generation for the preservation of its species.

After taking this view of the constituent parts of the human body, there still remain the organs of respiration which we cannot account for at present, but that they are essentially necessary to life, is well known; and we should lament our ignorance that we cannot perceive their mode of acting, as of some organs; yet when we reflect upon the wonderful contrivance exhibited in the human frame, the infinite wisdom shown in putting together the several parts of it, each part having a power lodged in it, to a certain degree, of restoring itself when injured, (to wit, a wound heals of itself, a broken bone unites and forms a callus, dead parts separate from the living where there is a redundancy of blood, hæmorrhage ensues, and when a proper quantity is evacuated, the vessels close again by their own elasticity,) together with the wonderful mystery of generation, we shall readily acknowledge our frame to be the work of an infinite, wise, and good Being.

There are two ways of teaching anatomy, —analytically and synthetically; the first, or analytic, signifies resolution on the taking to pieces the several parts, beginning with those which form the principal parts, and ending with the smaller; the second, or synthetic, is just the reverse, beginning with the more simple and ending with the more compound: the first method is supposed to be the best adapted to the purposes of investigation and making discoveries, the latter has been preferred in teaching anatomy, and many treatises are composed on this plan; but as sometimes the other is best suited to explain the different parts during the course of the lectures, both are well made use of. This branch of knowledge has been divided into two parts; the first, properly called anatomy, relates only to the structure of the body; the second, called physiology and animal economy, comprehends the internal operations and functions depending on life. The body is made up of solid and fluid parts, is therefore divided into solids and fluids, and these again are subdivided; the solids are divided into two classes, first, the harder parts or the bones, called osteology; secondly, the softer or fleshy parts, called sarcology. Osteology includes the bones only, but sarcology is divided into many other parts: first, angiology, or doctrine of the vessels; secondly, adeology, or doctrine of the glands; thirdly, neurology, or doctrine of the nerves; fourthly, myology, or doctrine of muscles; fifthly, splanchnology, or doctrine of the viscera; besides the organs of senses and generation, and integuments. There still remain three species of solids which cannot be properly placed in the classes above-mentioned, viz., the hair, nails, and cartilages; these last are commonly classed with the bones, as being appendages to them; the hair and nails with the integuments, for the same reason.

The ancients divided the body into similar and dissimilar parts; of the first class were the bones, muscles, blood-vessels, and such like, the dissimilar parts were such as a finger, an eye, &c. This method the moderns have rejected. Another method of dividing the body was into sanguineous and spermatic parts; muscles and other parts, which were of a red colour but pale, were called spermatic. The fluids may be divided into three parts: first, the crude fluids, or the chyle, and what is absorbed from the surface of the body; secondly, the general or perfect fluid, the blood; thirdly, the local or secreted, viz., all secretions whatever, particular ones to particular parts of the body; some useful or retained, others useless or expelled. It has been a dispute whether fluids are a proper object for anatomical inquiry; they appear equally so with the solids: they are both objects of our senses, and necessary to be understood. Describing and demonstrating every part with care will certainly teach students more solid knowledge, than perplexing their minds with numerous distinctions.

Fresh subjects are very necessary to any one studying anatomy, and so also are preparations to serve our purposes; they enable us to keep, for a long time, uncommon and curious things, as the gravid uterus for example, and by these we can preserve from putrefaction the fine minute parts of the body. There are two methods used for making preparations,—the wet and dry. Both these kinds have their advantages and disadvantages, being changed in some measure from their natural state. The wet lose their colour, and, from the astringency of the liquor in which they are contained, their form, in some degree, is altered; the dry change their appearance greatly; the muscles, for example, being forced and pliable, become black and rigid; bones, indeed, retain their natural form. So much for the anatomical, or first part into which the study of anatomy is divided.

As to physiology it is difficult to say what plan is best to follow: the human body may be compared to a circle, each part supposing something to precede it: thus, for example, if we speak of the brain and nerves, the heart and arteries are supposed to be contributing to their action, and *vice versâ*. The best method seems first to explain the organs and afterwards their functions. In proceeding according to that plan, the structure of the parts and their human phenomena (as data) will be explained; secondly, the hypotheses formed thereon will be given; and, lastly, I,—Doctor Hunter,—shall give you my own opinion thereon. Lectures on subjects, intelligible in points, are but of little service.

A COPIOUS ABSTRACT OF

A LECTURE

UPON

TYPHUS FEVER,

DELIVERED AT THE SUNDERLAND INFIRMARY, BY

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M.D., F.R.S.E., M.H.I.A.,

Senior Physician to the Sunderland Infirmary, Dispensary, and House of Recovery for the Cure of Contagious Fever.

Gentlemen,—In commencing this lecture upon typhus fever, I beg to be understood that I consider it my duty to be as brief as possible.

Twenty-four years have now elapsed since I commenced my professional career in this place, and I need scarcely remark that typhus, the *princeps et comes morborum*, has occupied no small portion of my time and attention. It is now nine years since typhus fever prevailed to an unprecedented extent, in the town and vicinity of Sunderland; the observations then made, and the experiments then commenced and since completed, I have now the gratification to lay before you. During the prevalence of this disease in the year 1818, and for some years afterwards, we were accustomed, in some cases, to abstract blood from the arm in all its stages; and I have known this plan adopted even within a few hours of the fatal termination of the disease.

As to the exact value of this heroic remedy in typhus fever, it is not my intention, in this part of my discourse, to give an opinion. I merely mention these facts that you may be assured that many favourable opportunities were afforded me, for the investigation of the nature of the venous blood of typhus patients, in all the stages of the disease; and the result will be, in my opinion, of great importance to the profession, and to our fellow-creatures in general. In the year 1818 I applied myself to the task of investigating the proximate cause of typhus fever; a task which I have been induced to prosecute most assiduously. My experiments have been, for the most part, upon the venous blood of typhus patients, holding in remembrance all the phenomena which that disease presents. I need not take up your time in explaining the steps which I followed in my chemical analysis of diseased blood, but shall proceed, without further preface, to detail the appearances which a severe, though ultimately favourable case of typhus fever presents to us; and I trust that the plan which I have adopted, will be found to be the most suitable for conveying to the profession the general results of my investigations.

First Stage.

From the commencement of typhus to the sixth day, the following symptoms are present:—nausea and anxorexia, the mouth is parched and dry, the taste is vitiated, indicating a severe attack upon the digestive system. The sensorium commune is now affected, and its functions are badly performed. Secretion is generally diminished, and even suspended in many organs. The food is always undigested. The whole body is affected with distressing pains, the pulse is quickened, and the respiration laborious. The bowels are generally bound, and vomiting sometimes occurs. During the progress of the disease, the free carbonic acid of the blood was gradually diminished in quantity, and on the sixth day this gas was no longer to be found in the blood, though that fluid was received direct from the vein, *in vacuo*, in an apparatus of my own invention; and I believe that heretofore blood has never been so received, as no instrument has hitherto been constructed for that purpose. I need scarcely remark to you that the specific gravity cannot be accurately ascertained when blood is received *in vacuo*, as may be readily understood upon inspecting the apparatus now before you. In the following tables, you will find inserted the fluid and solid contents of healthy venous blood; with the serum and coagulum duly calculated, and their proportions so arranged that they may be examined at a glance. In this, and all the other tables, I give averages of my analyses, and of course the fractional parts, for the sake of the memory, are omitted.

	In Health.
Water	678
Colouring matter	160
Albumen	121
Fibrin	28
Neutral salts	13
	1000

At the sixth day I found the venous blood to average as follows:—

	*In Health.**	*On the Sixth Day.*
Water	678	729
Colouring matter	160	136
Albumen	121	98
Fibrin	28	25
Neutral salts	13	12
	1000	1000

Second Stage.

From the sixth to the twelfth day we find severe headach, flushed skin, increased heat and irritation, attended by thirst. The bowels are sometimes costive, sometimes the reverse, the urine is diminished in quantity, and at this stage deafness is a common symptom. Delirium now supervenes, attended with a frequent pulse, which is sometimes full, but more generally the contrary. The patient is weary and watchful. He now assumes the supine position, and appears to be abstracted from every surrounding object.

About the twelfth day the blood is as follows:—

	In Health.	*On the Twelfth Day.*
Water	678	772
Colouring matter	160	122
Albumen	121	75
Fibrin	28	22
Neutral salts	13	9
	1000	1000

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* Sixteen ounces of healthy blood contain one cubic inch of carbonic acid gas.

Third Stage.

From the twelfth to the eighteenth day, in favourable cases, the thirst is diminished, and the heat of the skin is not so pungent. The tongue appears moist at the edges, and not so much loaded as previous to the twelfth day. There is an agreeable moisture upon the skin. The urine becomes albuminous and turbid some time after it is voided. The patient enjoys a few hours of undisturbed sleep. The bowels are open, and the bile is secreted in greater quantity. The headach and other pains are less severe. The pulse is not so frequent, and beats more freely. We sometimes observe a tumour of the parotid, axillary, or inguinal gland, which terminates in suppuration. An eruption about the mouth, of a catarrhal aspect, sometimes shows itself in this stage. The deafness continues till after the eighteenth day, when it generally goes off. At this time the secretions are increased, copious and universal sweats break out, and sometimes purging and a flow of urine take place.

All these symptoms are favourable, and receive their explanation by the improved quality and increased quantity of the blood, which averages as follows:—

	Twelfth Day.	*Eighteenth Day.*
Water	772	732
Colouring matter	122	130
Albumen	75	101
Fibrin	22	26
Neutral salts	9	11
	1000	1000

At this time the blood, when recently drawn from the vein, has a milky appearance. Part of the fibrin lies, as it were, upon the crassamentum, showing a pearly white colour. The crassamentum is still loose in its texture, and not cupped. From this time to the complete restoration of health, the blood continues to improve in quality and increase in quantity. It is only when the patient has obtained a comparative state of strength that carbonic acid is again restored to the blood. Compare the following table with those containing the proportionals of blood in health, and in a diseased state, in the different stages of typhus fever. This table gives the proportionals of lymph taken from the thoracic duct of dogs, which had been kept without food for several days, as analysed by M. Chevreul, at the request of M. Magendie. Were our fellow-creatures placed under similar circumstances, and experiments made upon the lymph, I have reason to conclude from the experiments of Professor Brande and Dr. Bostock, as well as from analogy, that the lymph of these two species of animals would be found to be much the same in its constituents.

Lymph.	
Water	926
Albumen	61
Fibrin	4
Neutral salts	9
	1000

The favourable symptoms just detailed show, what, in our vernacular tongue, is called the "turn" of the fever, and this, in my opinion, is to be preferred to the term "crisis," which the ancients adopted upon a false theory, to express a separation or excretion of something from the body of the patient.

Let us now take a survey of the tables which I have given. In the progress of typhus fever, we observe a direct approximation in the proportionals of the blood to the lymph which circulates in the lymphatic system, and nothing but a total cessation of sanguification could work this astonishing change in the blood, whilst nature, ever true to herself, causes an increased absorption of lymph, by the open mouths of the lymphatics from all parts of the body, to supply the place of the chyle, which is, as I have demonstrated, no longer taken up from the food in the alimentary canal, as in a state of health. This accounts for typhus blood in advanced cases having only $\frac{75}{1000}$ of albumen, instead of $\frac{121}{1000}$ as in a state of health. The fibrin is also decreased from $\frac{28}{1000}$ to $\frac{22}{1000}$. All medical history informs us that the blood of typhus patients decreases in quantity, in a gradual manner, from the commencement of the disease to the turn, in favourable cases, or to a fatal termination in unfavourable cases.

From these facts I have come to the conclusion, that the proximate cause of typhus fever is a cessation of chylification, and consequently of sanguification, during which time the lymphatics of the whole system act with increased vigour, and in this manner the lymph taken up by them from the system supplies, for the time being, the place of the chyle in the blood, and as long as this state continues the patient labours under an acute disease, heretofore called typhus fever. When the chylopoietic viscera resume their functions, the disease gradually recedes, and health is ultimately restored.

From the above facts, every symptom and phenomenon of the disease receive a ready explanation.

Third Stage in Unfavourable Cases.

I shall now advert to a fatal case in which the disease runs its course, without the patient experiencing relief, or any abatement of the symptoms. Should the function of sanguification not be restored to the patient, the following symptoms, which show the vitiated state of the blood, take place. The patient has oppression of the thorax; anxiety, restlessness, and weariness, are upon the increase. The skin is very hot, the tongue parched, and the thirst is incessant. The lips, mouth, teeth, and tongue, are, in many cases, covered with a hard brown fur. Delirium or coma is constantly present. The secretions, during the lymphatic state of the blood, are much vitiated. The urine is dark and fetid—the fæces highly offensive. Petechiæ are seen upon different parts of the body. Blood is poured out from the gums, mouth, and nostrils. Fetid and cadaverous sweats break out, and there is a coldness of the forehead, nose, and extremities. Hiccup, and intermitting pulse, too plainly indicate excessive debility, and death comes to the patient's relief, like the visit of a kind friend to the distressed. During the fatal progress of the disease, carbonic acid is not to be found in the blood; and except a turn take place, by which fresh chyle is carried to the thoracic duct, the blood is rendered vapid, and, in some cases, it passes to a putrid state. I beg to remark, that I consider putrid fever as merely typhus fever in the worst form; and when we attentively observe certain constitutions we ought not to be surprised should putrid fever prevail to a greater extent than we find it to do in these islands. Danger is greatly to be feared in typhus fever, when it occurs in shattered constitutions, and in persons afflicted with diseases of the brain, liver, or lungs; for, under such circumstances, sanguification is at all times performed with considerable difficulty. The lymphatics have an universal distribution, and commence with open mouths at every part of the body, their office being to take up and carry back to the blood those elements of the system which disappear, either to make place for newly secreted matter, or without substitution, as in typhus fever. From the lymphatic blood in typhus, we are not, *à priori*, led to expect any very peculiar appearances upon dissection, in the early stages of the disease; for as the lymph at all times, whether in health or disease, forms a part of the blood, we find that morbid anatomy, though it throws little light upon the immediate nature of typhus, in the first or second stage, developes some of the changes which have been induced by this disease in the advanced stages.

The duration of typhus is modified in the following manner, *cæteris paribus*. In the spring and summer its nature is inflammatory, and in the autumnal months it is inclined to putrescency. The quantity of albumen and fibrin in the blood at the commencement of typhus fever, modifies its subsequent condition; for, as in the progress of fatal cases no new blood is formed, the lymph, always unequal to the task of suitably supplying the place of genuine blood, in process of time becomes *itself* much vitiated, and this accounts for the very rapid changes which take place in the last stage of unfavourable cases of typhus fever, as also for the petechiæ. It is well known to the faculty, that typhus fever is wonderfully uniform in its leading symptoms, whatever the sex, age, temperament, or habits of the patient may be, and this, in my opinion, demonstrates that an universal cause operates in this disease. The blood, from its stimulant effect upon the internal coats of the heart, arteries, and veins, causes its circulation through those important organs; but when the blood is in a lymphatic state, as demonstrated in this lecture, the circulation is performed in the singular manner which obtains in typhus fever, and hence the relaxed or expanded state of the blood-vessels in certain parts of the system, which permits determinations of blood in those parts, and which are sometimes designated "congestions." I have experimented upon the blood taken from persons labouring under acute diseases, and could in no instance find those changes which invariably present themselves in typhus fever. Even in hydrophobia, a case of which I witnessed in London last spring, no change could be detected in the blood, which induces me to be of opinion, that this disease has its seat in the nervous system; and when we reflect upon its similarity to traumatic tetanus, a corroboration is thereby afforded us. In many important diseases, we find that the blood always shows certain changes. These I need not particularise here, as they are well known to the faculty.

Chylification, like secretion, is a function of the brain, which, under peculiar circumstances, or states of the atmosphere, is impaired, and in severe cases is suspended altogether: hence typhus fever. As we cannot explain the *modus operandi* of the brain in the process of chylification, neither can we explain the manner in which it is impaired or suspended. We know that when the kidneys cease to secrete urine, the liver to secrete bile, and the absorbents to perform their functions, death must be the result, if relief be not obtained. I believe that no person has hitherto offered an opinion as to the exact length of time which the latent period of typhus fever is supposed to occupy. According to my investigations, it must be calculated from the commencement of the cessation of sanguification till the disease begin to show itself. When we hold in remembrance the regularity which obtains in exthematous fever, and the facts which I have just communicated, we must conclude, that the latent period of typhus fever cannot be more than a few days. And, as facts multiply, I hope the time is at hand when we shall be enabled to state it accurately. We know that in general blood is formed from eleven to one in the forenoon, according to the hour of breakfast, and from six to eight in the evening, corresponding with the dinner meal, as I have discovered from the milky appearance of the blood, and the increased quantity of carbonic acid in that fluid, at the above-mentioned hours.

The morning and evening paroxysms in typhus cases, have their origin from the sanguineous system not receiving, at the above-mentioned periods, its usual enlivening and strengthening supply of newly-formed blood; the patient, instead of feeling renewed vigour at these hours, experiences disappointment and exhaustion; and we find, accordingly, that these paroxysms are present in most cases of typhus fever, and continue till the disease has so far exhausted the patient, that they cease, or are no longer observable. During the process of respiration, there is a constant exhalation of water from the lungs, in the form of vapour. This vapour, when condensed, is estimated at nineteen ounces per diem. In my opinion, the carbon of the blood is given out from the lungs suspended in this vapour, and in this state it comes into contact with the inhaled oxygen of the atmospheric air, and is converted into carbonic acid gas, in the air cells of the lungs, by reason of its superior affinity for oxygen. From respiration originates animal heat; for it is well known that the rapid conversion of oxygen and carbon into carbonic acid gas, is always attended by an extrication of heat in the living animal, when in a healthy state; and this animal heat, at its source, is prevented from being hurtful, by reason of the halitus, or vapour, which always accompanies the process of respiration. It is extremely probable, that the conversion of oxygen and carbon into carbonic acid gas, in the lungs, differs materially at different times, and under different circumstances. At the commencement of each paroxysm in typhus fever, such is the exhausted state of the system, that respiration does not convert the carbon and oxygen in the lungs into carbonic acid gas, in a sufficiently rapid manner, for the extrication of that heat which is afterwards, by the circulation of the blood, conveyed to all parts of the body. From exhaustion of the nervous power, the respiration becomes more languid; the whole system experiences a deadly coldness; and, as in all cases when the blood circulates more slowly, the capillary branches propel their contents with the greatest difficulty; and hence the gratuitous term, "spasm or debility of the extreme vessels."

The cold rigours are sometimes slight; at other times more violent. The patient trembles; the skin is rough, and the features are collapsed. Were this state to continue for any length of time, the patient would die during the cold stage; but at the moment the blood ceases to circulate in the extreme vessels, and when the cold stage is at its *acmé*, the patient is constrained to exert his feeble energies, in supporting respiration, to avert impending death. Under this new state, the conversion of carbon and oxygen in the lungs into carbonic acid, is necessarily increased, and the animal heat is thereby gradually and even rapidly augmented; the heart performs its functions with more energy, and soon afterwards an impetus is given, not only to the circulation of the blood, but also to the brain and nervous system. Warm flushings succeed; the animal heat becomes higher than in a natural state; the skin has now a more healthy tint; soon afterwards the countenance is flushed, and the cornea of the eye is suffused. This hot stage of the paroxysm reminds us of the reaction which follows the chill in cold bathing, and also those alternations which are produced by strong impressions upon delicate and susceptible minds. In the hot stage the respiration becomes more full, frequent, and regular. Animal heat is now generated in excess. We observe, in many cases, that the brain is charged with too much blood, and delirium is the consequence. In this manner, in my opinion, we can rationally account for the phenomena of typhus fever, without having recourse to speculation.

In intermittent fever there is only a temporary suspension of sanguification; and hence the periodical cold and hot stages in a system not worn down by severe disease. But should the intermittent fever continue, and a permanent cessation of the process of sanguification take place, we shall find that the intermittent fever will merge into typhus fever, not to return to intermittent fever again, whatever may be its termination.

Having stated these facts, I now proceed to another illustration,—viz. the gastric fever of the French, or the autumnal fever of these islands.—This fever has its origin from indigestion, and consequent accumulation of undigested substances remaining for some time in the alimentary canal, by which the lacteals are mechanically prevented from taking up the chyle from the villous coat of the intestines; and should these causes continue to operate, typhus fever supervenes in the same manner as in cases from unwholesome aliment, or from famine. In autumnal fever we know that, generally speaking, when we remove the cause, the effect ceases.

From what has been said, we can readily trace the intimate connexion which obtains between all idiopathic febrile diseases; and from the light now thrown upon the subject, I humbly trust, we shall be enabled to effect cures in the most severe and complicated cases of fever, and even of the plague itself. With this knowledge of the true proximate cause of typhus fever, the medical practitioner will be enabled to follow up a rational and appropriate method of cure in this formidable disease.

The Cure.

The first proposition is, how are we to restore sanguification, or how is fresh chyle to be afforded to the blood? Soon after I ascertained the state of the system in typhus fever, I was impressed with the idea, that if I could keep the knowledge of his disease from the patient, and even from his immediate attendants, I might effect a cure in the most direct manner. It is with much satisfaction I have the pleasure to state, that in no instance has this plan failed me. With poor children, a small piece of money, and a mild and condescending manner, did every thing. With adults, more tact was needful; with these I entered briefly into their little cares and anxieties. I promised assistance, showed a kind disposition, and soothed them under their affliction. I anticipated all the symptoms which were to be expected at the different stages of the disease; I attended closely to the juvantia; and such was my success, that the practice of my profession in typhus fever not only interested me exceedingly, but it also formed a most delightful task. I have attended whole families who were severely attacked with typhus fever, from whom I kept all knowledge of the nature of the disease up to this hour; and I am perfectly satisfied, that by this plan their recovery was insured.

Children are not, by any means, so liable to typhus fever as adults. With the former the lacteals perform their functions in a more certain manner than with the latter. With children, the system (according to the laws of nature) is not only to be supported, but the growth is also to be maintained. Good nurses, whom, by the by, we seldom meet with in country towns, should be well counselled by the medical attendant. The nurses should be steady, sedate, not melancholy, kind-hearted, and encouraging in their manner to the patient. They should never throw away one word. They should never for one moment permit the patient to suppose that the disease is to terminate unfavourably. Deception should never be used, for it is not only immoral, but unjust to the patient; and should he find out that deception has been used, even in the smallest degree, his confidence will be lost for ever. Nothing discomposes a typhus patient more, than the medical attendants or nurses showing a fear of receiving contagion from him; and though he may not openly express himself to that effect, nevertheless I am satisfied, that something like the following will occur to him:—"How dreadful my disease must be, when even the medical attendants avoid me as much as possible—my case is most severe, perhaps unfavourable." I beg to ask whether sanguification can be restored under such dejecting impressions? Should the patient know of a certainty that typhus fever is his disease, it is the duty of all who have charge of him to soothe him, and to inform him of the favourable symptoms which are present, and to inspire him with confidence in every thing which his friends are doing for him. I have found it needful, in some instances, to make inquiries of the friends of the patient as to his general train of thoughts and actions when in health—his temper—the bent of his genius—his habits, and even his foibles—his antipathies—his taste, and particularly what objects were most agreeable to him—to consult the expression of his countenance—to anticipate his wants—to make particular inquiry as to the state of the senses—to examine with a good lens, the eyes and tarsi; and should I find the vessels of the cornea fuller than they naturally should be, to order leeches to the forehead, temples, behind the ears, to the neck, or at the nape of the neck, as symptoms may indicate. In determinations to the head, should it be needful to take away several ounces of blood from that part of the body, I prefer cupping, or leeching at the nape of the neck, to general bloodletting. Sometimes I find the best effects from the use of cold applications to the head, such as cloths dipped in iced water, and kept constantly applied to all the shaved part of the head. We are aware that in full habits, at the commencement of typhus fever, general bloodletting is often attended with good effects; but we should hold in remembrance, that if we take one ounce too much, we may thereby prevent sanguification altogether, and therefore, in my opinion, it is better to have a sufficient quantity of lymphatic blood in the system, than to run the risk of having too little of the pabulum vitæ, for the purpose of carrying on the functions of life. In fact, venesection is not called for in nine cases out of ten of typhus fever. In cases where pain of the chest prevails, cupping or leeches should be employed, and blisters should afterwards be used over the same spot.

Let me here caution young practitioners against the repeated use of the lancet when the buffy coat shows itself, for in many cases which have come under my notice, I have observed the buffy coat to be present after repeated bleedings, and which could not be attributed to any other cause than debility. In the treatment of typhus fever, the cooling plan is indispensable. Pure air, of a suitable temperature, should surround the patient night and day. The bed and window curtains should not be bright, but not sombre; and green is, without doubt, the best colour for such curtains. The patient should be accommodated with a separate room, whether in a private residence, or in a public institution—particularly in the latter, as the sight of the dying and the dead, in fever wards, must produce dejection and even despondency; which, from what I have stated, ought to be most carefully avoided. I have too often been called in to visit patients in the last stage of typhus fever, and have not seldom found them in *articulo mortis*; in some cases, from the unchecked progress of the disease, and in others from the too free use of the lancet. In such cases I have often thought of having recourse to transfusion; and some years ago I purchased an apparatus for that purpose, which I intend to use, should I have the mortification to be called in again in such cases. By the plan of transfusion, a chance for the restoration of sanguification will be afforded. I have found the best effects, in cases of extreme exhaustion, from ablutions of tepid sherry wine. When determination to particular organs is evident, cupping should be performed, or leeches should be applied, as near the seat of such determination as possible, which are to be repeated as required; and over the leeched part blisters may be employed with good effect.

The stomach ought at all times to be charged with suitable doses of carbonic acid gas in the form of carbonic acid water, or of effervescing draughts prepared from carbonate of soda and lemon juice, in the usual manner; which may be given every hour or two, night and day, according to circumstances, whilst, at the same time, enemata of carbonic acid, in an unmixed state, should be carefully administered, as often as the case may require. I have contrived an apparatus for administering carbonic acid, as an enema, in its unmixed or pure state. I constructed a conical tube, in the form of a jet, which, I think, is decidedly superior to every other. It is so turned as to form a perfect valve, at the sphincter ani, at the same time the old tube, heretofore in use in the administration of enemata, may be had recourse to by those who understand it, or like it better. The quantity of carbonic acid, as well as the suitableness of the time for its administration, as an enema, must depend upon circumstances; but care, attention, and progressive increase of quantity, and the frequency of repetition of this most refreshing and preserving gas, will require the serious consideration of the practitioner. It is best to begin with small portions of the gas, say two or three ounces, and augment gradually. For many years carbonic acid has been employed in all descriptions of fever, in the form of effervescing draughts three or four times a day: it will be observed, that, in my plan of treatment, carbonic acid is used most extensively both ways, for several days together, in an appropriate manner, and in reference to the proximate cause of the disease, as now promulgated.

Constant care is indispensable; 1st, In observing most attentively the state of the senses, and the operation of remedies upon the system. 2dly. By watching closely the disposition to increased flow of blood to the head, the lungs, the liver, or the stomach; and by regulating and carrying into operation my new plan in a suitable manner, whilst the juvantia must ever be held in view. In addition to the admission of pure cool air, the body and bed linen should be changed daily. The skin should be kept clean by the use of tepid or, if preferred, cold water; nor need soap be spared. The hair of the head should be kept short, and the head well washed with soap and water. The patient should be permitted to lie upon his side, or back if he prefer it; and in all cases the shoulders and head should be suitably raised. Food should not be forced upon the patient. Animal jellies, broths, and soups, are too often hurtful in the progress of this disease; but when the patient becomes convalescent, this food may be given to him with safety. In general, it is better that animal food were abstained from, except the patient feel hungry; and in some cases I have observed a depraved appetite, which we must be cautious of indulging imprudently. Should the patient ask for any improper description of food during delirium, we may give him something suitable for him, which we may flavour to his taste. But in all cases, experience and discretion are to have their full force. The patient may have barley water, tea, toast and water, panada, Indian arrow root, and sago, slightly sweetened; and if stimuli be needful, a suitable portion of the best dry white wine may be mixed up with the food. The common drink which I have to recommend, is water impregnated with fixed air, which has a pleasant acidulous taste; and forms an excellent beverage for diminishing thirst, lessening morbid heat of the system, and assisting the flow of urine. It is an excellent antiemetic, and obviates irritability of the stomach. As it is a general rule in typhus fever to keep the bowels open, the citrate of soda of the common effervescing draughts is not required, as aperient medicines should be given according to circumstances only, and not in a general way.

In these observations, I have confined myself to the consideration of the typhus fever of these islands; at the same time it will strike my experienced auditors, that between the epidemic yellow fever of warm climates, and typhus fever of this country, there is a very considerable similarity; and I am of opinion with Sir James M'Gregor, and other eminent medical men, who have had opportunities of witnessing genuine cases of plague, that there is a most close resemblance between that disease and severely marked cases of typhus fever. Dr. Tweedie justly remarks, that if swelling and suppuration of the parotid, of the inguinal or of other glands, and the occurrence of carbuncles, are to be regarded as pathognomic characters of plague, he has met with many such cases in the Fever Hospital. The difference appears to consist chiefly in the uniformity of the swellings in the plague, and the rapidity with which the disease runs its course. This may depend, in some degree, on the climate in which the plague is engendered; as we observe how rapidly fatal the cholera morbus of tropical climates is, compared with the epidemic cholera of this country. I need not point out to you the origin of these swellings, as you will at once refer them to the increased action of the lymphatics in a diseased system, which, under these circumstances, have more than their usual office to perform, and in this case kindly, if I may use the expression, supply the place of the lacteals of the intestines, though it must be acknowledged they are very indifferent substitutes, as all cases of typhus fever will demonstrate.

In conclusion, it will readily be observed, that the details, as to the method of cure, which I have found it needful to enter upon, refer to cases in which the medical practitioner is called upon to visit patients in the advanced stages of the disease; but if my experience does not deceive me, medical men who are called in early to attend typhus cases, should they understand the true proximate cause of this disease, as now for the first time pointed out, will be able (except when organic disease of the brain, lungs, or liver prevails) to effect cures as readily as in intermittent fever, or syphilis.

Management and Diseases of Infants in India. By Fred. Corbyn, M.R.C.S.

(Concluded from page 762.)

Recurring to this work, for the purpose of making some further extracts from it, we find some judicious directions on the washing and dressing of infants. But useful as these may be to an inexperienced young lady, in the back provinces of Hindustan, it would be impertinent to introduce them here.

The first month of an infant may be called a life of sleep; the faculty of attention is dormant, so that amidst the loudest noise it sleeps soundly, sometimes for hours together. This is to be encouraged; for nature is *gradually* bringing into operation the faculties of the external senses, and developing the other functions of its miniature frame.

"Infants should not be confined in a close room, but exposed in one freely filled with air. The period is not long gone by, when the exclusion of air, by shutting up every door and window of a house, was deemed indispensable to preserve health; but now it is too well established to need any forcible argument from me, to show that air and a free circulation of it, is a certain medium of promoting health; and that the exclusion of this pabulum of life is replete with cause of sickness. In hot weather, children ought to sleep and live under a large punkah (fan) night and day: small hand punkahs are decidedly dangerous, as they only cool one part of the body, their motion not being well regulated, for sometimes the servants pull them quickly and then slowly; this is not the case with a large punkah, it is one regular swing, and should be used the second day after the birth of a child. Many will object against this advice, but I beg to observe, that I am speaking from experience. Infants will not sleep when it is excessively warm, their temperature being warmer than that of adults; I therefore consider a large punkah, in the hot weather, to be indispensable, to guard against irritability and disease. It is to be understood, that the motion of the punkah, at this early period, should be exceedingly gentle, and be progressively increased, until the baneful effects of oppressive heat are thereby prevented. We must next avoid damp rooms, or a foggy atmosphere, as many of the diseases of infants arise from moisture; and I call the attention of mothers to watch the child's *ayah*, to look at the infant frequently, to ascertain if the bed be wet, as native servants, unless narrowly looked after, will allow a child to sleep all night in a wet bed: such neglect is decidedly prejudicial. The mother doing this herself in the night time, however, has its objections, as she, being a nurse, ought to obtain all the sleep she can at that period; the other parent will, doubtless, see the expediency of performing this office, and occasionally see that the native servants do their duty. This country is most unfortunate for female servants; besides being extremely negligent, they sleep, generally, with their heads bound all over, so that they seldom hear when the infant awakes, and the poor little babe will be kicking and crying for help without avail, unless one of the parents send or afford assistance.

"In the hot winds, in the province of Hindustan, it is not unusual for nurses to sit in the direction of a line of doors, through which powerful currents of air from the tatties are passing. This must be forbidden, the centre of the room being quite cool enough, in which situation there is no fear of the child experiencing the effects which result from drafts of wind. It may be important to state when a child ought to leave the nursery after birth. I recommend the first exposure to be made in the verandah, on the third day; and after a lapse of seven or eight, the infant may be safely taken into the open air, but conveyed to those spots only where the country is open and the air pure, being unimpregnated with vapours ascending from stagnant tanks or smoky huts; the effect of such fumes must be evidently deleterious. The spot most to be desired is an open garden, distant from dusty roads. I am decidedly averse to the system of bullock carts which are in ordinary use. I prefer the arms of a servant, and if the child is old enough, its own running about or walking. The former system cramps children's limbs; the latter gives impetus to the circulation of the blood, and strengthens them. The mode by which European nurses carry children is, in my opinion, objectionable, from a similar effect of cramping the limbs, whereas the stride across the hips in use by the natives, not only extends the limbs, but throws back the chest and shoulders, and is both an easy position for the nurse, as well as for the child. It will be expedient to give strict injunctions to the servants, however, never to seat the child on the cold ground; it is their prevailing custom so to do, by which the infant is subject not only to the bites of venomous reptiles, but to bowel disease."

The author recommends the child to be suckled eight times in the twenty-four hours, during the first six months.

"Nurses, heedless of the fact that it takes a certain time for milk to accumulate, fly to the child immediately after the breasts have been drained, by which, instead of milk, the poor infant only gets a little wind and water. To explain the cause, however, it will be necessary to mention, that the food which nurses take has first to undergo the course of assimilation in the stomach; then again in the curvature proceeding from that viscus, whence it is taken up in the blood; thence by the glands, and finally formed into milk. This process requires time, and if the proper period is allowed, the milk becomes rich, pure, and nourishing; but the reverse of this may be expected, if the breasts are drawn previously to the completion of that process. As milk requires a certain churning before it can be made into butter, so do the functions of secretion need a due proportion of time to form the milk. I might, probably, be more explicit, by supposing we were to be drawing the breasts every half hour; in that case, from the limitation given to the functions alluded to, they would lose the power of secreting, and become dry, which is a very common case.

"It will be advisable to call the attention of mothers to the insuperable desire some infants have to sleep, and it appears to be a degree of somnolency peculiar to India; I believe it to arise ordinarily from the excess of heat. The effect, however, of too much sleep on the infant constitution, when permitted after it has attained its sixth month, is unequivocally prejudicial; it diminishes vital energy, and induces weight and torpor in the head. That sleep, however, in a healthy state, which spontaneously occurs, ought never to be more in infancy than twice in the course of every diurnal revolution of the sun. The hours most advisable are from 10 A.M. to 12, and then from 7 or 8 P.M. until daylight on the following morning. The effect of this limitation will be both to renew the vital energy which has been exhausted during the day, and to assist nutrition. As the child advances, however, into its third year, once in the 24 hours will be sufficient, from 8 P.M. to daylight; and thus, alternate repose during the night, and active exercise and playfulness during the day, will lead to a habit which, when once acquired, will continue immutable through life. When six months old, it should have much exercise, such as being well nursed, which gives an impetus to the circulation, an exercise which adds tone to the stomach, increases the digestive powers, strengthens the limbs, tends to enliven the disposition, and to prevent a heavy, dull, sleepy habit. Some native servants lose all power over themselves from intensity of drowsiness, it is necessary, therefore, to warn parents of the danger of having dull and sleepy *ayahs* for their children. I was informed of an instance of a lady in this country who lost a fine child from the neglect of such a servant, who, having taken the infant in her arms to put it to sleep by walking up and down the room, during the middle of the night, a degree of somnolency affected her, during which the child fell from her, and was killed by the fall."

Mr. Corbyn recommends, that the child be weaned in the ninth month, and that feeding should therefore commence in the seventh.

In the second part, the author treats of the pathology of infantile disease, and quotes largely from other authors. He considers difficult dentition as the cause of fever, convulsion, purging, eruption, water in the head, and marasmus, and accounts for it by supposing, that the irritation of the gums occasions the secretion of a peccant saliva.

"It will, however, be proved by the following arguments, that a corruption and acrimony of the saliva, almost similar to that in the canine madness, is the principal cause from which all the most dangerous symptoms of dentition are to be derived. Many symptoms of dentition admit of a more natural and easier explanation from this saliva, than from the irritation only, viz. the cough, laborious breathing, the collection of pituitous matter in the breast, suffocation, &c.; swallowing it causes vomiting and diarrhœa. When it possesses a high degree of acrimony, or when its excretion is by any means obstructed, it produces, in sensible and irritable constitutions, hydrophobia, lock jaw, epileptic fits, &c. The acrimony being imparted to the humours, gives rise to fevers, and exanthemata or inflammatory eruption. Inflammatory and other affections of the genitals are owing to the acrid saliva having thrown itself upon the urinary system. A complication of dysentery and dentition is consequently very dangerous, because the bowels are thus likely to be doubly affected. Dentition has been observed to be slight and easy whenever the salivation is considerable, or salival humours evacuated by other emunctories of the body. 'There is a great similarity between the symptoms of difficult dentition and those of real hydrophobia, apparent from the impediment in swallowing and other spasmodic affections. Several children, who died of difficult dentition, had bloody stools, attended with a tenesmus. Upon dissecting the body, erosions and inflammations were found in the throat, stomach, and intestines, which were most probably caused by the acrid saliva. Something similar has been noticed in the stomach of persons who have died of hydrophobia.' The intelligent Dr. Brandies, of Brunswick, advances his opinion of the nature and origin of the dangerous symptoms sometimes observable at the time of first dentition, in his book on Metastases, 1798. Although he agrees with Armstrong and Hecker, that they are not to be derived only from the irritation of the nerves of the teeth, yet he rejects their theories, and rather thinks that a suppression of salival secretion has the principal share in producing those symptoms. He observes, that the secretion of saliva is much increased by the topical irritation in the mouth, which becomes very necessary to the constitution of the child, when, in his opinion, the topical irritation is too vehement, in a difficult dentition, and that it extends to the salival glands, and causes a suppression of the secretion of saliva. It may be observed, according to this author, therefore, that the mouth and lips become dry and cold in bad cases; meanwhile there is a great degree of febrile heat in other parts of the body, which is a diagnostic sign of this dangerous disease. He is of opinion, that when the suppressed action of the salival glands is replaced by that of the pancreas, a purging comes on, which generally continues as long as the difficult dentition is accompanied by those symptoms, which contribute very much to diminish the violence of them, and of the concomitant fever; but, on the contrary, when this does not take place, nervous symptoms, convulsions, and a nervous fever arise, which, having a great similarity with water in the head, is very well described by Armstrong, under the name of hectic fever."

The topical signs of difficult dentition are, tumefaction, hardness, and redness of the gums, and ptyalism. The general symptoms, circumscribed redness of the cheeks, eruptions on the face and scalp, and the skin generally; looseness, gripings, stools, green or pale, or of a leaden-blue colour, sometimes mucous, often thick and pasty; watchings, startings in the sleep, and spasms of particular parts; a diminution or increased secretion of the urine, sometimes of a milky colour, at others depositing a brown powder; a discharge of matter, with pain in making water; frequent shricking, and, in certain habits, a swelling of the feet and hands. These symptoms are often followed by cough, difficult breathing, fits, fever, scrofula, and marasmus, and sometimes by hydrocephalus.

"The process of teething, however, in the majority of children, is as follows: it commences usually about the fifth, sixth, and seventh month; the commencement is in the two first under teeth. The first sign is swelling of the gums, and little white specks about the size of a pin's head. In seven days a cut through the gums is observed; and next, if the flat of the end of the finger be moved gently along the gums, the little sharp edges will be felt. In fifteen days they generally come completely through. From fifteen to twenty days, after the two lower, the two first upper teeth begin to show themselves in the same manner. In a month subsequent to the appearance of the four teeth, two more contiguous to the upper follow; and in another month, or six weeks, two corresponding under ones.—After this there is a considerable lapse of time before others appear, sometimes two or three months; then the four first double teeth, that is to say, the contiguous upper and under teeth on each side, appear together; making twelve. These are sometimes very tedious in making their way through. Two or three months subsequent to this last event, the eye-teeth, the most difficult of all, make their appearance, making in the whole sixteen. Some children cut eight double teeth before the eye-teeth, making sixteen. When a child is two years old, he cuts four more double teeth, in some making twenty."

Dr. Brandies explains the occurrence of these concomitant or consequent affections, by his theorem of metastasis; "That when certain actions in any organ, or system of organs, cease, or are by any means diminished, they must be replaced by another action in another organ, or system of organs of the body, dependent on the former action. The first may be called the original, the second the vicegerent action." With due deference to the worthy Brunswicker, we hold, that the various ailments attendant on dentition may be more rationally accounted for, by the increased susceptibility of the nervous system. The constant irritation excited in so sensitive a part as the mouth, affects the sensorium, and, through that, the entire frame.

Many of the diseases of infants in India do not differ in character from those occurring in Europe; it would, therefore, be a work of supererogation to quote such parts as relate to them. We shall set before our readers such extracts only, as may tend to illustrate the peculiarities of Indian disorders. On impeded perspiration, we have the following pertinent remarks :—

" At all times there is a great quantity of excretion passed off by the skin, which gives perspiration that unpleasant smell which accompanies it. Sanctorius, an Italian physician, who indefatigably passed a great many years in a series of statical experiments, demonstrated long ago, what has been confirmed by later observations, that the quantity of vapour exhaled from the skin and from the surface of the lungs, amounts nearly to five-eighths of the aliment we take in; so that, in the warm climate of Italy, if a person eat and drink the quantity of eight pounds in the course of the day, five pounds of it will pass off by insensible perspiration, while three pounds only will be evacuated by stool, urine, &c. But in the countries where the degree of cold is greater than in Italy, the quantity of perspired matter is less. In some of the more northern climates, it is found not to be equal to the discharge by urine. The perspirable matter bears great analogy to the urine; for when either of these secretions is increased in quantity, the other is diminished, so that they who perspire the least, usually pass the greatest quantity of urine, and *vice versa*. Another grand effect induced by this discharge from the skin is to carry off the superabundant heat. When the skin is moist with this fluid, it is always cool; when there is no moisture, it is hot; so that all the heat of the body going through this moist skin, refreshes the whole constitution; this principle is exemplified by a tattee in India. A hot wind blowing through wet grass occasions a cool atmosphere; it is exemplified in cooling wine and water: wet a cloth, put it over a bottle in a draft of wind, and the wind blowing over the wet cloth of the bottle cools the liquor. It is exemplified by spirits of ether: drop this upon the skin, and a rapid evaporation takes place, and produces excessive cold. It is exemplified in making ice in India: water is placed in shallow pans, and the wind blowing through grass over the water, produces the evaporation and freezes the water. I can explain it, however, I think, more clearly, by stating the ignorance of an apothecary, who, being called to see a lady with violent head-ach, and having heard that applying ether to the head was an effectual remedy, wetted a cloth with that spirit, and retained it, with the flat of his hand, over the temples; this, instead of producing cold, produced excessive heat, because the evaporation was prevented by the hand. The pain of the head increased to almost an insufferable degree, and the lady would have died from inflammation of the brain, had not other medical assistance opportunely arrived, who, throwing off the cloths, dropped the ether on the temples, which producing excessive cold from the rapid evaporation, the lady speedily recovered. This instance shows, that the ignorance of applying remedies is fraught with the most imminent danger; but it especially exemplifies the process and effect of perspiration on the skin; that as long as it freely exhales, evaporation takes place, and cold is produced; but if any thing shuts up the pores and retards the evaporation, heat is induced.

" Thus, having described the circulation and effect of perspiration, we deduce the following facts, viz.,—That in health, the large trunks of the arteries are freed from superabundance by a free discharge from the exhalents; that the arteries are stimulated to due action by the nerves; that excessive heat is prevented when the foregoing functions are not impeded; and that sudden death, from the obstruction of alvine and urinal discharges, is precluded; all depending on a free perspiration, and all liable to be produced when that is checked. The first effect, therefore, of a check of perspiration is, that the arteries in their large vessels become overloaded, and the bowels are distended with blood, the liver filled, and consequently the stomach and the head. The second effect is, an increased exertion on the part of the nerves to remove the load and to push the blood onward, which excites the most violent pain, and is experienced sometimes to an insufferable degree in the limbs, chest, and head, while the lungs pass off a hot and hurried breath. The third effect is, the urine becomes also hot and scanty, indicative of confined and accumulated heat. The fourth effect is, on account of the quantity of accumulation, there is no desire for replenishment, therefore no appetite. On these grounds, we also account fur the depressing sensations of lassitude and fulness. The fifth effect is, that all the secretions are lessened, because there is no replenishment, therefore there is a deficiency of pancreatic juice and bile, evinced by an interruption of alvine discharges; of gastric juice, evinced by loss of appetite and sickness; of saliva, evinced by a parched, dry tongue; and of urine, by scanty discharges. Such is the serious consequence of checked perspiration; it is furtunate, however, that a complete check scarcely ever takes place. Violence of disease depends upon the degree of the deficiency of perspiration; when it is great, one of the first diseases produced is fever."

We occasionally hear of the poetry of acting, and oftener of the poetry of painting; the following may be considered an example of the poetry of pathology.

"An infant, after attaining its seventh month, has a peculiar brilliancy in the eye, and if in health, from this period to the eighteenth month, has a delightful vividness and loveliness of countenance. In the upper provinces of India are found, especially in the cold weather, delicate, rose-coloured cheeks, and lips of fine red, while the soft whiteness of the skin combines with the whole to form a countenance exceedingly beautiful. The opening faculties of the mind, at this interesting period, appear to the delighted parents. The articulating powers begin tu call the endearing names of papa and mamma. But at this moment, like a cloud passing over the sun, and hiding his cheerful radiance, the once playful child ceases to smile through its little dimpled cheeks, to catch with its playful hands, to gaze with its lovely eyes, and to sing its cheerful, broken notes; the eyes become dim, the cheeks pale, and the hands droop; the lips become dry and parched, and the little sufferer expresses itself with a peevish moaning, calling for drink, while the skin is exceedingly hot, especially the head, the palms of the hands, and soles of the feet. In many instances, there exists an accumulation of phlegm, which invariably accompanies thirst. This phlegm, rising in the throat, excites a cough, and the cough producing much irritability, excites difficulty in breathing. These symptoms lead the parents to conclude that the child has got a cold, they, therefore, give a little antimonial wine, or James's powder, in the hope that all will soon be well again. But the excitement of the fever, being unknown to the parents, goes on burning like a little fire put to a great quantity of fuel, until (unless the fire be removed) the whole is lighted up and consumed, for the thirst increases, and instead of moaning, the child screams in great pain, the skin becomes much hotter, and the hands are constantly directed to the head. The white part of the eyes, at this moment, becomes inflamed, and the whole features partake of a deep flush; the respiration is deep and difficult, because it is rapid. The head is often changed from side to side, and the child turns quickly from its back to its stomach, rises up hastily, and as suddenly lies down, in one continued restless change of position. The urine is pale; continued efforts made to evacuate it are in vain, as it only drops in small quantities; the little limbs draw towards the stomach, and the infant coils up; the pulse is full, feeling as if the caliber of the artery could hold no more. I must here digress to remark, that no dependence is to be put on the number of times the pulse beats in a minute in a child, because even in the finest health an infant's pulse is so rapid, that it is often impossible to count the number of pulsations in a minute. The skin is perfectly dry, apparently cracked, and scurfy; the bowels bound, and the stomach hard and large. In this state symptoms increase and terminate in convulsions."

"In convulsions, the iris loses its sensibility, the pupil becomes expanded, and the hands are firmly clenched."

"In many cases convulsion commences in partial squinting; sometimes both eyes will be looking, as it were, in quite opposite directions. It is not unusual that one eye only is fixed; it occurs in rare cases, however, that the whole body is stiff; in other cases, the limbs merely are contracted; in many, the teeth are shut, and firmly fixed, the whole countenance being distorted. But the accession of convulsion is generally known by the eyes becoming fixed, a continued struggling of the limbs in rapid succession, with such an energy and power of the muscles, that it is impossible often to hold the child in the arms; indeed it requires great force to keep the poor little sufferer in its bed; the countenance becomes much distorted, and a discharge of saliva from the mouth generally terminates the awful paroxysm. These convulsions return sometimes every five or ten minutes, or every half hour, or twice a day, or daily, according to the violence of the fever.

"It will be found an invariable symptom, in all cases of convulsions, that the forehead is burning, as well as the palms of the hands, the breast, and the soles of the feet. I shall here add the sentiments of Mr. Booth, a late popular writer on convulsions of children, who gives the following sensible observations why children are more susceptible of convulsions than adults:—'The great disposition of infants to nervous affections is not to be wondered at,' observes this author, 'when we consider that the habit of bearing either external or internal impressions is yet to be acquired. Every stimulus acts in an inverse ratio to the frequency of its application; and, until the frail mind and body of the infant are accustomed by habit to have their powers acted upon with impunity, the most hazardous susceptibility must necessarily exist. The muscles, during infancy, are pale, soft, and fragile; their contractions are quick, frequent, and feeble; and the external surface of the body is endowed with a very high degree of sensibility, in consequence of the nerves being covered only with a very fine thin cuticle. Hence, from very slight impressions arise very powerful effects. The circulation of the blood is very rapid; the arterial pulsations nearly double those of the adult; the capillary circulation is also infinitely more active; the lymphatic system exerts a more powerful influence upon the general economy of the infant than upon the adult. The muscular fibres, as well as the skin, is highly sensitive; the nerves are large in proportion to the size of the body; they resemble medullary pulps. Both the cerebral and ganglionic nerves are much more strongly developed in relation to the body than at any other period of life; the brain is large, and the nerves which proceed from it are of a very considerable size. As we advance in years, and the muscular fibres become firmer, our susceptibility to external impressions is consequently diminished. Hence it is, that in proportion as we advance in years, convulsions are less likely to take place; they sometimes occur during the period of youth. In the adult they are rare, and they scarcely ever happen in old age. The sensations of a child are quick, but transient. When any reaction takes place in the system, it is powerful and sudden, and coincides with the general mobility—motion, indeed, is the language of an infant.'"

The account of cutaneous diseases is concise, but we have not room for it. The section on hydrocephalus is chiefly derived from the works of Dr. Nicholl, Mr. North, and M. Magendie, and consequently contains nothing that is not familiarly known to the public. Mr. C. treats fully of febres and phlegmasia, and dwells particularly on the exanthemata, but our space will not permit further extracts; there is also a comprehensive summary of all that has ever been published on worm affections. His treatment of diseases in general, does not materially differ from that adopted in Europe.

In conclusion we have to observe of the author that he is an industrious man, has read much, and collected together a tolerable quantum of knowledge; but he does not possess a logical head. The work is extremely ill arranged; and the reader often finds himself in a labyrinth, from which it requires some calculation to discover a passage. The discursive nature of its contents has enabled us to make so many extracts.

From Mr. Corbyn's testimony, we regret to find that a scarcity of medical men exists in our Indian provinces, an evil which is oftentimes attended with the most calamitous consequences. This arises from the exclusive policy of the Company's government, which prevents all, except such as hold official appointments, from settling in its dominions. It is to be hoped that this oppressive system will speedily be overturned, that both the blessings of European medical skill may be conferred on the millions of our Indian fellow subjects, and a fruitful source of occupation and emolument be opened to the enterprising and intelligent members of our profession.

THE LANCET.

London, Saturday, September 19, 1829.

There are some medical officers, whom we much wish to see included in the general advantage derivable from reform in the government of our hospitals;—we mean those venerable, hard-working old gentlemen, who retain their situations in hospitals by an occasional visit on a board or consultation day. We would, however, do so with as little violence as possible to their infirmities and emoluments. Their pupils or apprentices, for example, might enjoy all the immunities to which they had been entitled while their masters were on active service, and the dividend of the hospital fees might be transmitted to them by post, if the gout, or the state of the weather, or the temper of the considerate housekeeper, should render it inconvenient for them to be present at the division of the spoil. We would also indulge them by retaining their names and titles in the red book, and also in advertisements and title pages. In short, every indulgence, calculated to amuse in their second childhood, consistent with professional honour and public security, should be allowed them. Though they would thus be obviously the first to profit by this arrangement, it may be an additional incentive to them to consent to it, when they know that its good effects would extend even beyond themselves. By adding to their numbers, and filling up the blanks in the hospital lists, the old gentlemen may probably perceive, that the business of each officer becoming less, it would stand a fair chance of being better done; that if "gratuitous duties" increase those which happen to be remunerated, and thus occasionally detain the surgeon from the hospital, there would be a chance of some competent person being present to represent him in his absence; that the pupils being divided among a greater number of preceptors, the confusion from "walking the wards" would be less, and the opportunities for acquiring information infinitely greater; that a field would thus be opened for improving and eliciting talents, which slumber in oblivion for want of favourable circumstances to make them public; that, in short, the interests of humanity and of science would be vastly promoted by their consenting to agree to some such arrangement as we have suggested. If they do not voluntarily adopt it, the governors, anxious for the faithful discharge of their trust, and in an enlightened and humane spirit, will ultimately compel them to do so without consulting their wishes.

We need not name the hospitals which have elicited these remarks. The reform here hinted at may also be introduced with some effect into a certain Court of Examiners.

Mr. A. White has been elected to the office of Examiner in the Royal College of Surgeons, vacant by the death of Mr. Wadd. The emoluments amount to about eight hundred pounds per annum.

The apothecary of the St. George's and St. James's Dispensary having lately resigned, the physicians of that institution, (with a praiseworthy spirit which we could wish to see more prevalent among the medical officers of public charities), considered it an excellent opportunity for trying the effect of a *pure election*, viz. by competition and examination, resolving to give their utmost support to the candidate who should seem best qualified. They communicated their intentions to their surgical colleagues, who all appeared most cordially to approve of the plan. The monthly committee of management were then made acquainted with the unanimous resolution of the medical officers, and a day was appointed for the examination. It was also intimated that any attempt to commence a canvass, by candidates or their friends, would be considered premature and highly improper.

A series of written questions was then prepared, on the different branches of medical education, and delivered to the candidates, a number of whom presented themselves on the day of trial. Of course, he who should answer the greatest number of questions in the most satisfactory manner was to be considered best qualified, provided he was of good moral character; the answers to be sealed up, and designated by a motto, referring to the name, &c., in the usual manner.

The different papers having been carefully compared, two of great merit were selected; the authors of both were considered eligible candidates, but the support of the medical officers was confined to the gentleman whose paper seemed the most meritorious of the two. On referring to the names, the first was found to be written by Mr. Stratford, the second by Mr. Robertson; the former a stranger to the medical officers; but they were much gratified to learn that their choice had fallen in so impartial a manner upon a gentleman who, by report, was understood to be eminently qualified for the situation, having served some time as a medical officer in the army, and subsequently assisted a gentleman in a large private practice, being twenty-seven years of age, and of excellent moral character. The paper third in merit, written by a Mr. Robins, was so inferior to the other two, that the examiners did not consider it of sufficient excellence to entitle its author to become a candidate; but the name having been *improperly* referred to before this point was settled, it was contended by some, (whose object was not perceived at the time,) that having seen this gentleman's name, it would be *improper* to prevent his coming forward! This was, from courtesy, acceded to by the majority, especially as there seemed little chance of his success. Unfortunately, however, for *purity of election*, this Mr. Robins is cousin to one of the junior medical offices of the establishment, and late pupil to the *ex.*, or rather consulting-physician. Notwithstanding the *pledge* to support the most meritorious candidate, it was soon discovered that a secret and vigorous canvass had been carrying on in favour of Mr. Robins, for some time previously to the examination, and when an application was made to a governor in behalf of Mr. Stratford, the answer generally was, "I am very sorry, Sir, that a knew nothing of all this, but my vote has been engaged some time for Mr. Robins." One of the medical officers, who had been thus employed, took care, on the day of election, to vote for Mr. Stratford!

Another, who reminds us of the fable of the man and his ass in his endeavours to keep well with either party, was very busy collecting votes for both, and voted for neither! Of course, like our friend in the fable, he pleased neither side, and was scouted by all. These secret and unexpected proceedings turned the scale in favour of Mr. Robins, who, at the election, was declared to be the successful candidate.

The physicians immediately bestowed on Mr. Stratford the only mark of attention in their power, viz. a free ticket to their practice at the dispensary, deeply regretting, at the same time, the means which had been used to deprive the institution of the services of a gentleman so well qualified, in every respect, to have filled the vacant office.

We have thought it our duty to publish an account of the disgraceful intrigue practised on this occasion, in order to apprise the governors of medical *charities* of one of the methods by which their benevolent intentions are sometimes frustrated.

Dr. George Gregory would do well to look to this.

Having concluded the very excellent and admirable lectures of Dr. Blundell, we this week present our readers with the introductory lecture of Dr. William Hunter, delivered in October, 1775: and a lecture on typhus fever, delivered at the Sunderland Infirmary, by Dr. Clanny. The last-mentioned gentleman is already known to the profession by the scientific manner in which he has investigated the subject of the present discourse, which contains views of great practical importance. The lecture of Dr. Hunter, will be read with much interest, especially at this period of the year, when we hear of little else than introductory addresses. To some lecturers it may prove of very essential service, and to pupils it will be an agreeable type of times gone by. The concluding sentence, is singularly characteristic.

INQUEST ON THE LATE MRS. PHILLIPS.

"There are many facts connected with this extraordinary transaction, which, in justice to all parties, must yet see the light. These we shall communicate in our next number." Such was our language while speaking of this inquest last week. But our readers will pardon us for not redeeming the pledge, as the publication of the facts referred to might paralyse the arm of the law. Public curiosity, although painfully alive to the subject, must suffer a further denial; but not, we believe, of any extended duration, as an inquiry is on foot, which, it is evident, must be directed, before its termination, by magisterial authority. Some of the facts sworn to on the inquest are known to be false; this, and a knowledge of circumstances of a very mysterious nature, have given rise to rumours, some of which involve nothing less than the crime of *murder*. Many depositions have already been taken, and the rector and churchwardens of the parish are anxious for the interference of the magistrates.

ANEURISM OF THE INNOMINATA, TREATED BY TYING THE SUBCLAVIAN ARTERY.

By JAMES WARDROP, *Surgeon to the King.*

HAVING fully explained in my work on Aneurism, and, previous to that publication, in the pages of this Journal, the pathological principles which led me to operate in aneurism, by placing the ligature on the *distal* side of the tumour; and the soundness of these principles having not only been recognised, in a manner highly gratifying to me, by the distinguished surgeons of this country but by those of the Continent also, and the new operation having been successfully practised by others, I am eager to embrace every opportunity of submitting to the profession any circumstance which may serve still further to elucidate this important subject.

And although the principle, that it is not necessary for the cure of an aneurism that the circulation of the blood in the tumour be completely stopped, has been established, and the fact, that aneurism may be cured by tying the vessel on the *distal*, as well as on the *cardiac*, side has been proved, yet, at the time my work was published, in only two instances had the new operation been adopted, and the artery tied on the distal side of an aneurism, when large branches intervened between the ligature and the sac; and an opportunity had not occurred of ascertaining the effects of such an operation by examination after death.

No apology, therefore, appears to me necessary, for taking this early opportunity of publishing the mode of termination, and the appearances observed after death, in the case of Mrs. Denmark; a case which, whether we consider the importance of the pathological principles which it has been the medium of developing, or the operation performed for her relief, has created a more intense interest than perhaps any operation of modern times.

In the LANCET, of Sept. 9, 1828, more than twelve months ago, I published a report, being the fourth after the operation, and then stated:

"The following is the present state of the patient: (Aug. 8, 1828:) She is more reduced in point of flesh than at the period of the last report, but this has evidently been owing to the attack of bronchitis, and the severe measures to which she has been subject, for, within the last six weeks, she has regained her former appetite in a wonderful manner; the difficulty of respiration has greatly diminished, so much so, that she can now sleep in the natural position, and she is entirely free from the dreadful sensation of threatening suffocation. No tumour is perceptible in the situation of the aneurism, but an unnatural feeling of hardness can be perceived at the root of the neck, immediately above the sternum, arising, no doubt, from a condensation of the aneurismal tumour. The right carotid artery still pulsates, although not so strongly as the left; its pulsation corresponds with that of the heart, but its branch, the temporal artery, affords no indication of the circulation of blood; the right radial artery beats with about half the strength of the left. She suffers none of those pains in the regions of the neck, shoulder, and back; nor has she, for a long time, experienced any of those severe headachs which formerly gave her so much uneasiness. The œdema of the feet has entirely disappeared, and she takes excercise in the open air daily."

For some time after the date of this report, no change took place in Mrs. Denmark's state. She occasionally suffered from severe attacks of dyspnœa, which were generally speedily relieved by blood-letting. In about three months, however, a swelling was perceived in the space immediately above the sternum, and a tumour arose, which, as it advanced, occupied the centre of the neck, and covered the inferior portion of the trachea.

In the course of some months afterwards, a second tumour made its appearance, occupying the site of the root of the right carotid artery, and extending up the right side of the neck. These two newly-formed swellings were so intermingled at their base with the firm and consolidated remains of the original aneurism, that the whole formed one formidable mass, the limits of which could not be ascertained by the touch, and could only be a matter of conjecture.

Many opinions were hazarded as to the origin and site of this tumour; my own opinion, however, of the seat of the disease remained unaltered; and I now deliberated on the propriety of tying the right carotid artery. It must be recollected that when I first contemplated tying the subclavian in this case, I did so from the firm conviction that nature had already obliterated the right carotid, that vessel having long ceased to pulsate; and as sufficient time had elapsed, from the application of the ligature to the subclavian artery, to allow coagulation in the tumour to take place, to a certain extent, before the channel through the right carotid was re-opened, when the circulation through that vessel was observed on the ninth day after the operation to be imperfectly restored, it was a most unexpected and unpromising occurrence; nevertheless the tumour continued to decrease, the distressing symptoms to disappear, and the patient's health to improve, up to the publication of my last report.

However firmly I adhered to the original opinion I had formed of the seat of this aneurism, there were some surgeons in whose discrimination and judgment I had the greatest confidence, who were dubious of the precise seat of the tumour. Such doubts, in a case of so difficult diagnosis, together with a consideration of the severity and danger of tying the carotid artery, even under the most favourable circumstances, were to me sufficient reasons for not performing that operation. I therefore endeavoured to prolong the patient's life, and, if possible, to mitigate the severity of the symptoms, by a rigid system of depletion.

The aneurism now continued to enlarge, and increased in bulk till the beginning of January last, when it attained its greatest magnitude.

Since that time very little alteration in the state of the tumour had taken place; the sternal portion enlarged a little, the respiration and deglutition were both somewhat affected, and the former considerably so at times, from a copious secretion of watery mucus into the bronchiæ. The patient's general health varied: she was sometimes comfortable and cheerful, at others, languid and feeble; the appetite always continued good. About two months ago, general anasarca came on; but when it had increased so as to considerably distend the integuments, the fluid drained off from an opening in the inferior extremities. The disease recurred, but to no great extent. During this time she became weaker, and at last was affected with a violent diarrhœa; which, although checked soon after its accession, reduced her so much, that she gradually became more and more exhausted, and expired on Friday last, the 13th inst.

Dissection.

The bulk of the aneurismal swelling had not diminished after death. On removing the integument of the neck, the tumour occupied the central space between the two sterno-mastoid muscles, the sternal portions of each of these muscles passing over the side of the tumour. The mass may be said to have been composed of three divisions: one sternal, arising immediately above the sternum; another passed upwards along the trachea; and the third was the original portion of the aneurism, which had consolidated by the operation. These three masses formed, in conjunction, a lobulated tumour larger than a turkey's egg. It had adhered firmly to the sternum, and had caused the absorption of a portion of that bone.

The aneurismal *tumour*, as might have been expected, from no diminution having taken place in its bulk after death, felt like a firm, fleshy mass. On laying it open longitudinally, it appeared nearly solid. The coats of the tumour presented the usual appearance observed in true aneurism; the clavicular and tracheal portions of the sac were filled with firm coagulum, the cavity of the aneurism being chiefly limited to the division between the sternal and tracheal portions, and was about the size of a walnut. The layers of the coagulum were remarkably firm, and of a pale colour; being of a softer consistence and darker colour, as they approached the boundaries of the aneurismal cavity.

Heart.—The parietes of this organ were thinner and softer than natural, but no other change of structure could be perceived.

The only change to be perceived in the *aorta* was that the coats had a deeper tinge of yellow than natural, rather thicker, and had a few small points of ossification. The size of the artery, natural.

On cutting into the *innominata* from the aorta, the aneurism was found to have originally extended from its origin to its bifurcation.

The *subclavian artery* is divided at the place where the ligature had been applied, and both the cardiac and distal orifices are contracted, and the sides of the vessel coalesce, and adhere firmly together, so that a probe cannot be passed further along the canal than to within about a quarter of an inch of the distal end of the divided vessel.

The Right Carotid.—Pervious, and quite healthy.

The Lungs.—Healthy; the lining of the bronchiæ rather redder than natural, and contained a preternatural quantity of mucus.*

The result of this dissection leads to some important conclusions. In the first place, it establishes the correctness of the *diagnosis*, and, further, it proves, that if, in those cases wherein the physiological and pathological principles I have advocated, can lead to a practical application, success, according to the new mode of treatment, may be confidently anticipated. It also proves, that to whatsoever degree the progress of aneurismal swelling of the innominata may be arrested in its growth, by the closure of the subclavian, yet the current of the circulation through the carotid, will be sufficiently strong to extend the walls of the vessel in the direction of that current.

I have, in another place, demonstrated by dissection, that the closure of the carotid is not in itself sufficient to prevent the increase of an aneurism of the innominata, a fact which was illustrated in the case of Gordon,* wherein the carotid was obstructed by a spontaneous process of cure, yet the aneurism continued slowly to enlarge, and that portion of the tumour contiguous to the carotid, as in Mrs. D.'s case, contiguous to the subclavian, became consolidated.

In my work on aneurism, I have taken some pains to point out a rational means of forming correct *diagnoses*, founded on anatomy and well-known principles of pathology, by which surgeons may, in future, be enabled to distinguish the site of aneurismal swellings at the root of the neck. To a want of this knowledge, and in consequence of no author having even attempted to supply so important a deficiency, may be attributed the distressing and fatal blunders of many eminent surgeons. The details of this case afford satisfactory evidence of the soundness of these diagnostic precepts.

Charles Street, St. James's Square,
September 16th, 1829.

FOREIGN DEPARTMENT.

EXPERIMENTS ON THE BITE OF A RATTLE-SNAKE.

M. Becker, of Darmstadt, had in October, 1828, an opportunity of observing a rattle-snake six feet in length and two inches thick; on which he made some experiments. Two rabbits, the one of white the other of brown colour, were placed in the cage of the animal, which, however, did not take the least notice of them, although irritated with a stick. Another rabbit of black colour, being now put into the box, was immediately bitten at the side of the right eye. Three minutes afterwards, spasmodic contractions round its nostrils became visible, the convulsions speedily extended over the whole body, and, after having lasted for a few minutes, the animal fell on its side, apparently lifeless; all on a sudden, however, it started up, but fell down again, and was completely dead eight minutes after the infliction of the bite. In a second experiment, a brown rabbit was put into the cage, and, during six minutes, very unconcernedly walked over the snake, which, however, suddenly aroused itself, and bit it near the ear. After four minutes, the first effects of the poison were visible, the animal becoming restless and convulsed: after ten minutes, life was completely extinct. It is worthy of remark that, contrary to the general opinion, the animals did not exhibit the least symptoms of fear at the sight of their enemy.—*Isis.*

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* The preparation will be deposited in the Museum of the College of Surgeons.

* Vide Work on Aneurism.

CÆSAREAN SECTION.

A female, 33 years of age, of a good constitution, but whose bony system was extensively deformed by rhachitis, was examined by Dr. Müller, of Loewenberg. After two days of ineffectual labour, the upper aperture of the pelvis measured, in its antero-posterior diameter, not more than two inches and a half; and the cavity of the pelvis was, in some parts, only eighteen or twenty lines; the waters had escaped, and the child exhibited distinct signs of life: the mother was greatly exhausted. Under these circumstances, the Cæsarean section was decided upon, and performed in the linea alba; the child was extracted along with the placenta; the hæmorrhage was not very great; the wound was immediately closed, and had perfectly healed on the forty-second day after the operation.—*Rust's Magazin.*

DISCHARGE OF A FŒTUS, PIECEMEAL, THRO' A SPONTANEOUS OPENING IN THE ABDOMEN.

A middle-aged female, who was pregnant for the first time, had, very near the time of her delivery, a fall from a considerable height, which brought on an attack of syncope, violent flooding, and pain in the abdomen; these symptoms yielded to a vigorous antiphlogistic treatment, but returned about a month after the accident, without being accompanied by real labour pains: the movements of the child had ceased since the fall. After a few days, an inflammatory tumour formed in the umbilical region, which caused a very painful burning sensation. The genitals were tumid and slightly swelled; the os uteri had not dilated. The tumour gradually increased in size, and, after four days, spontaneously burst, and discharged a large quantity of very fetid serous pus; the aperture gradually became larger, and, on examination of it, the fœtus was felt, and extracted in pieces, and completely putrid. During this operation the uterus repeatedly contracted, and the infusion of camomile flowers, which was injected into the wound, escaped through the vagina; the lochia were discharged partly through the vagina, and partly through the wound. Under the use of tonic medicines, the patient regained her strength, and the wound was completely healed seven weeks after the extraction of the fœtus.—*Ibid.*

DESCRIPTION OF AN UTERUS, EIGHT YEARS AFTER THE CÆSAREAN SECTION.

In Graefe and Walther's Journal, M. Mayer, of Bonn, gives the following description of the uterus of a female, on whom M. von Walther had performed the Cæsarean operation eight years previously. The preparation is placed in the museum of the university. The uterus is of its natural form, size, and consistence; its longitudinal diameter being two inches and seven lines, and the distances between the insertion of the Fallopian tubes one inch and ten lines. At the external surface of the anterior paries a furrow, three lines in length, indicates the place where the incision was made; the peritoneum is very firmly adherent to it. The edges of the wound were found to have considerably contracted; and appeared to be, as it were, turned in towards the substance of the uterus; at the inner surface the cicatrix was a little more inferior, and larger by half an inch than exteriorly; it extended as low as the neck of the uterus, where it was one line and a half in breadth. The anterior paries of the uterus, in the neighbourhood of the cicatrix, was three lines thick; the corresponding portion of the posterior paries was four lines. The cavity of the uterus was perfectly natural, except that there was a very thin fleshy polypus at the neck; the left tube and ovary were perfectly natural; those on the right were adherent to each other by plastic lymph. The ovaries exhibited numerous cicatrices.

THE PARISIAN HOSPITALS.

The Hôtel Dieu of Paris generally contains between 1000 and 1200 beds; the Hôpital de la Pitié, 600; St. Louis, above 800; La Charité, 300; the Hôpital des Vénériens, about 650; des Enfans, 550; St. Antoine, 250; Beaujon, 140; Cochin, 100; and the military hospital of Val de Grace, above 1300 beds. During the last winter the hospitals were rather crowded; la Pitié often contained 700 patients; and the Hôtel Dieu, 1124, of whom 823 were physicians', and 301 surgeons' patients. Of the physicians', M. Petit has 143 patients under his care; M. Borie, 92; M. Recamier, 89; M. Husson, 144; M. Gueneau de Massy, 131; M. Martin Solon, 90; and M. Caillard, 123. Of the surgical patients 133 are Dupuytren's, 77 Breschet's, and 92 Sanson's.

DISLOCATION OF THE PATELLA.

The possibility of this kind of luxation having been contested by very distinguished surgeons, the following account, taken from *Rust's Magazin für die ges. Heilk.*, will perhaps be read with interest.

A hussar of the guards, 20 years of age, of a good constitution, having kicked violently, with his left leg, the horse of the soldier next to him, felt so much pain in his left knee as to be unable to alight without assistance. On examination, the internal edge of the patella was found to be fixed between the femoral condyles, the external edge protruding exteriorly under the skin. The anterior surface was turned somewhat interiorly, the posterior towards the outside, the patella was fixed in this position by the contraction of the extensor muscles; there was no swelling, and the patient had no pain when the leg was kept extended, but the slightest attempt to bend it caused intolerable suffering. Several fruitless attempts having been made to relax the extensor muscles, and it being by all means necessary to remove the patella from the place which it occupied, the division of the ligamentum patellæ was at last resorted to; during this operation, which did not cause much pain, the subjacent capsular ligament was slightly wounded; on attempting to replace the patella now in its natural position, it was found to be as firmly fixed as before the operation. The patient was bled to eighteen ounces, and had forty leeches and ice applied to the knee; violent inflammatory fever howover ensued, accompanied by excessive pain in the wound and surrounding parts, especially at the internal condyles of the tibia; a discharge of purulent matter and of the synovia took place from the upper part of the wound; very soon afterwards an abscess formed at the inner side of the articulation, and discharged about five ounces of fetid pus mixed with coagulated blood. Four months after the accident, suppuration having continued, the amputation of the limb was decided upon, when the patient was taken with chronic enteritis, which proved fatal, about eleven months after the accident. On examining the body the intestinal canal exhibited distinct traces of inflammation; the capsular membrane of the knee-joint was thickened and firmly adhered to the surrounding parts; its cavity contained a small quantity of pus; the cartilage on the femoral condyles had disappeared, and the bone was completely denuded, but not carious; the cartilage of the patella was also destroyed, the bone was altogether somewhat smaller than that of the other side; and its internal portion was adherent to the condyles of the thigh. Behind the internal vastus along the linea aspera, a great purulent excavation was found which opened by means of fistulous canals into the anterior and interior portion of the knee-joint; the thigh-bone itself was carious in several places.

HOSPICE NECKER.

LITHOTRITY.

One of the wards of this hospital has lately been confided to Dr. Civiale, and will in future be exclusively destined for patients affected with stone in the bladder. Two "séances" have already been held in the presence of M. Baffos, chirurgien au chef of the hospital, and of a great many physicians of the metropolis and the neighbourhood. In the last "séance," on the 5th of Sept., the operation was performed, for the eleventh time, on a patient, 71 years of age, of a very weak and exhausted constitution, who for some years had been affected with a very large stone, which had been ascertained to consist chiefly of the oxalate of lime. After the operation no trace of calculus was found to have remained in the bladder. The second patient was a middle-aged man, who, besides the stone in the bladder, had strictures in the urethra. The stone consisted of phosphate of lime, and was, after the previous use of bougies, broken to pieces, and extracted or voided with the urine; it is however doubtful, whether there are not still some fragments left.—*Lanct. Franç.*

ST. THOMAS'S HOSPITAL.

ACUTE SCIATICA.

Benjamin Hart, a gardener, aged 35, was admitted by Dr. Roots, into George's Ward, No. 36, on the 23d July. The patient stated that he was attacked suddenly, about three weeks previously, with violent pain in the left hip, taking the course of the sciatic nerve. The pain is very acute on the slightest pressure, and is easily produced, too, by pressure over the nerve in the ham. There is increased heat of skin over the whole surface of body, and especially at the hip; there is not any swelling of the parts; on the contrary, the muscles appear flabby, and rather wasted. The pain is constant, and prevents much sleep at night, but becomes excruciating on the slightest movement of the limb. Tongue coated, and he feels very thirsty; bowels have been open once to-day; pulse 104, full, and rather strong. Cannot in any way account for the attack.

Ordered to be cupped at the part in pain, to a pint, immediately.

Submuriate of mercury, five grains;
Opium, half a grain, every six hours;
Milk diet.

24. Bowels confined; has slept somewhat better. A dose of house medicine.

25. Bowels have been well operated on by the house physic; skin cool; tongue

less coated; pulse 78, full, but more soft; has passed a better night, and can bear rather more pressure on the nerve, but the pain still considerable at the hip.

A pint of blood to be extracted by cupping from the part in pain. Continue the mercury, with a quarter of a grain of opium, and quarter of a grain of tartarized antimony, every six hours.

27. Mouth affected with mercury; little pain of hip, except on motion; pulse 84, soft; bowels open. Omit the pills, and gargle the mouth with chlor. of soda wash.

29. Continues to improve; can now bear tolerably firm pressure at the hip, and over the nerve in the ham; skin cool; bowels open; pulse 88, soft, not full; mouth still sore. A blister to be applied to the left hip. Extract of stramonium, one grain, twice a day; and house medicine as occasion may require.

Aug. 1. Sleeps well, and complains principally of soreness of the mouth, from mercury, having no pain in the hip, except on motion, and then much less; pulse 80; bowels open.

5. Has not any pain in hip when at rest, and only complains when the limb is rotated with considerable force. Can walk a little, with the assistance of crutches; bowels open; pulse 80, soft. To be cupped on the part in pain to twelve ounces; and repeat the extract of stramonium thrice a day.

8. Can walk a little better, and without any pain in the limb; bowels regular; pulse 78; mouth still sore.

15. There is more power in the limb, but cannot yet walk without his crutches; bowels open about once in the day; pulse 76; mouth nearly well. A large plaster of the compound galbanum to be applied to the left hip; and take five grains of calomel every alternate night.

17. One scruple of rhubarb, with a grain of opium immediately.

19. Bowels have been relaxed since he took the rhubarb on the 17th. Otherwise improving.

Compound infusion of catechu, an ounce and a half three times a day.

From this time he continued to gain more power in the limb, and was discharged cured on the 29th August.

ACUTE SCIATICA.

John Richards, a carpenter and joiner, 42 years of age, was admitted into George's Ward, No. 37, under the care of Dr. Roots, on the 3d September, with severe pain in the right hip, taking the course of the sciatic nerve, extending down the thigh into the calf of the leg, and continuing to the outer part of the foot. The pain is much aggravated by pressure on the nerve in the ham, and he then feels it acutely there and in the hip, as also in the calf of leg and foot. So long as the limb is passive he is tolerably easy; but on making any attempt to stand, sit, or move, the pain comes on immediately, and most acutely; says he does not sleep well. Pulse 80, full, and soft; bowels open; tongue clean; appetite good; does not perspire. Met with a fall about 30 days since, by which he hurt his foot, and this affection of the nerve came on a fortnight afterwards. Abstract 16 ounces of blood, by cupping from the right hip.

Submuriate of mercury, five grains, three times a day.

Opium, one grain, every night.

Compound senna mixture, to-morrow, if required.

Milk diet.

4. Says he has had extreme pain at outer part of foot, so bad as to prevent sleep. Pulse 65, full and soft; has taken compound senna mixture, by which bowels have been evacuated four times.

5. Sleepless night, from pain in the hip, and calf of leg. Pulse 76, full; bowels open; tongue clean.

Twenty-four leeches to calf of right leg, and a blister to right hip.
Opium, two grains every night.
Tartarized antimony, one-fourth of a grain, three times daily.

6. Slept better. The hip and calf of leg are easier, but cannot bear motion or pressure; the pain is now confined principally to the foot. Pulse soft, and less full; bowels open.

7. The pain at outer part of foot continues, but is much less severe, and has nearly left the hip and calf. Bowels relaxed, and does not sleep well.

Twenty leeches to the outer part of foot.
Opium, one-third of a grain,
Calomel, two grains, three times a day.

9. Mouth sore, and ptyalism produced by mercury; complained yesterday of thirst and vertigo, on which account the pills of opium and calomel were omitted, and the giddiness and thirst have subsided. Sleeps tolerably, and has lost all pain in the hip and thigh, and there is very little remaining in the calf, but says the pain at outer and back part of foot is increased. Pulse 92, full, but easily compressible; bowels not moved since yesterday.

An ounce of castor oil to-morrow morning, if the bowels be not previously evacuated; twelve leeches to the calf of leg, and twelve to the heel, and afterwards a blister to the heel.

10. Bowels moved four times by castor oil; free from all pain; can stand on right leg, and bear pressure over the nerve in the ham.

12. Complains of nothing but soreness of heel, from the blister. Pulse 78, soft and not full; bowels regular; tongue clean; appetite good. Omit all medicine, except house physic, if required. House diet.

GUY'S HOSPITAL.

EXTENSIVE ABSCESS OF THE THIGH AND LEG, FOLLOWING INJURY TO THE KNEE—AMPUTATION.

———— admitted August 19, under Mr. Key. Some months previous he received a severe injury to the knee, and after being some time in the hospital, under Mr. Morgan, he was discharged nearly well. Being very much addicted to drinking, on his return home he gave himself up to this baneful habit, and about a month since an abscess made its appearance near the head of the fibula, at its anterior part; he again came to the hospital, and, while there, it burst; he afterwards walked home, but was obliged soon after to return, when he was placed under the care of the senior surgeon. On his admittance, there was a considerable discharge from the wound, which Mr. Key ordered to be enlarged, and the bowels to be regulated by occasional doses of castor oil.

23. Cannot sleep well at night; there is discharge from the wound of a considerable quantity of pus. A large poultice to be applied over the whole of the knee. Half a grain of opium to be taken at night; six ounces of wine daily.

24. Slept well last night; is suffering great pain in his knee, especially if it be touched. Nitric acid lotion to be injected into the wound.

26. Cannot sleep without the opiate at night; complains of great weakness. Ordered a pint of porter, in addition to his wine, daily.

31. Wound discharges a considerable quantity of unhealthy matter; general health beginning to suffer. From this time to September 11, there were no symptoms of improvement, but the man's health declined, from the continual discharge. Mr. Key advised him to have the limb removed, to which he consented; and on Saturday last, he was placed on the operating table, and the operation performed in the usual manner, the limb being removed as high up as the middle of the thigh. Since the operation he has been going on remarkably well to the present time (September 16); sleeps well at night; suppuration has commenced, and he takes six ounces of wine daily.

Examination of the Limb.

Abscess passing downward at the back part of the leg, under the gastrocnemius, and round the head of the tibia.

Femur.—Abscess passing up between the rectus and crureus, communicating with the knee-joint at its upper and outer part by a considerable opening. The most perfect part of the end of the femur is opposed to the patella towards the condyles; where it rests on the tibia the cartilage is entirely gone; no defined edge of ulceration; gradually lost in the surrounding cartilage.

Tibia.—Cartilage on its head entirely gone; at its external edge the articular cartilage small, and in a state of ulceration; on the anterior part the external articular cartilage nearly perfect. Synovial membrane of the joint inflamed, flocculent, and covered with a false membrane.

Patella.—Edges of its cartilage softened down. At the back part of the thigh, the superior abscess communicated with the inferior, by a large opening.

WESTMINSTER HOSPITAL.

CASE OF NOLI ME TANGERE.

Jane Jenkyns, forty years old, a milkwoman, of gross habit, who has resided many years in the low neighbourhood of Petty-France, came under the care of Mr. Lynn, having suffered several months from lupus. She states that she has, in the course of her occupation, been exposed to great variance of temperature, to heat, damp, and cold, in almost endless succession. To counteract the wretched sensations arising from this routine of life, she was accustomed to indulge freely in a warm potation composed of milk and gin, and to eat highly-seasoned viands.

About a year ago, she perceived her appetite fall off; the stomach became flatulent, bowels constipated, and the alæ and columna nasi grew very irritable. The sebaceous follicles situated on that prominent feature became inflamed, red, and indurated. The circular tubercles rose to view which, with the diseased follicles, ulcerated, and became covered with a yellow tenacious exudation. The disease extended laterally to the cheeks, and downwards to the commissures of the lips, and the adjacent skin assumed a fiery red aspect.

Such was her appearance when admitted on the 1st July ult. Ordered to take nightly this powder,

Calomel, three grains;
Powdered rhubarb root, ten grains. Mix.

And this lotion to be frequently applied:

Honey, an ounce;
Alcohol, a fluid ounce;
Distilled water, eight fluid ounces. Mix.

Low diet.

July 3. The crimson hue of the parts, mitigated; the bases of the ulcers circular, elevated, and indurated. The chin is quite exempt. Bowels well moved.

9. The hue of skin less vivid. Bowels sluggish; considerable pain of head. Cupped to eight ounces.

13. An attack of erysipelas has supervened; this commenced last night in the incisions of the scarificator, and has spread over all the right side of the head; right eye closed. Pulse rapid, and moderately full. Tongue furred, of a drab colour.

A dose of calomel and jalap to be given immediately, and an ounce of the following mixture every two hours until it operates:

Supertartrate of potass, two scruples;
Subcarbonate of soda, one drachm;
Powdered jalap-root, one drachm and a half.
Infusion of senna, six ounces. Mix.

The surface to be liberally dusted with wheat flour, or oatmeal.

12. The bowels have been freely purged. The tongue is clean. Pulse soft, about 78. The erythematous inflammation of the same extent, though less intense. Mr. W. B. Lynn, prescribed this medicine and regimen:

Compound tinct. of cardamoms, one oz.
Aromatic confection, four drachms.
Cinnamon water, eight ounces. Mix.

An ounce to be taken every three hours. A gill of brandy to be drunk every day. The flour to be assiduously employed.

20. The erysipelas has entirely disappeared. The cuticle is scaling off, and the cutis is returning to its natural tint. The tumefaction of integument around the bases of the lupus, has subsided, and a healthy disposition is evinced in the ulcerets, of which the diameter is gradually contracting. The use of the honey and alcohol lotion is resumed, and the bowels are regulated with castor oil.

22. A constant itching in the affected parts; colour naturalizing. No sensation of heat; mouth dry; tongue slightly furred in the centre; an effervescent draught occasionally. Brandy continued, and cordial medicine omitted.

24. Progressively amending, the whole becoming covered with new cuticle; but the blush still remains, though less deep.

Aug. 1. The general health is restored; the face completely healed, and the vascularity coalescing by degrees. Discharged this day.

ST. BARTHOLOMEW'S HOSPITAL.

OPERATION ON THE LOWER LIP.

Mr. Lloyd, this day, Saturday, Aug. 22, removed a cancerous portion of the under lip, by a semi-circular incision. The patient John Ford, ætat. 60, underwent the operation with great fortitude and is, notwithstanding the utter impossibility of closing the wound by approximation of the opposite surfaces, doing extremely well, and promises to have a very good lip ultimately. Mr. L. used his own knife, which afforded the spectators an opportunity of witnessing how much pain is spared, and how much more readily the removal of a portion of lip is effected, by the use of a proper instrument.

PUNCTURE OF THE BLADDER ABOVE THE PUBES.

Charles Windsor, admitted Sept. 1st, under the care of Mr. Earle; has been suffering from a stricture in the urethra for the last twelvemonths; can only void his urine guttatim.

2. Great tenderness of the abdomen. Countenance anxious. Retention of urine complete. Apply twenty leeches to the abdomen; the bladder had become so enormously distended that Mr. Earle was sent for, who, after making an unsuccessful attempt to introduce the catheter, resorted to the operation: about three pints of thick unhealthy urine escaped; towards the evening he became much easier; is much better to day (3d); tenderness of the abdomen considerably less; urine passing freely through the catheter.

HYPERTROPHY OF THE LEFT VENTRICLE.

Gillaway Foster, ætat. 60, coachman, was admitted into the hospital, August 13th, under the care of Dr. Latham. He had been ill for seven months; he was first seized with pain in the epigastric region, which has continued ever since. During the last sixteen days, symptoms more severe have occured; the countenance is distressed, the lips are livid; there is œdema of the lower extremities and dyspnœa; tongue clean; bowels costive; urine of the natural colour and quantity. Pulse 69, and hard.

Auscultation, sibilus, and rhoncus in every part of the chest; ordered,

Twelve leeches, to the chest;
℞ *Calomel*, two and half grains;
Squill-pill, ten grains; to be taken at night.
Tartrate of potash, one drachm, in mint water.

15. Dyspnœa rather less; complains of sudden starting from sleep; cough with dark viscid expectoration; urine scanty. The heart's action rather less forcible than yesterday, with occasional intermission. Blister to the chest.

17. Dyspnœa increased; urine less in quantity; pain in the epigastrium increased. Cupping to ten ounces, between the shoulders.

24. Auscultation. A dull, heavy, contraction of the ventricle, with a natural contraction of the auricle, heard very little beyond its natural situation; an occasional intermission seldom recurring perceptibly, in the pulse, as well as the heart's action. Urine very much increased by a dose of the spirit of nitrous æther. In the paroxysms of dyspnœa, the jugular veins became much distended.

Venesection to ten ounces.

The unnatural sounds accompanying the respiration, much diminished since the bleeding; paroxysm of dyspnœa frequently recurs in the night, which obliges him to raise himself; sometimes he jumps out of bed.

29. Seems to breathe more easily, but his head is evidently affected.

30. Does not discover any cerebral affection in conversation, but wanders very much when left to himself; very quiet at intervals. Pulse 96.

Sept. 1. Very uneasy, but sleeps occasionally with mouth wide open, snoring loudly. Pulse as before. Answers questions with some difficulty, but correctly.

Sept. 2. Died this morning.

Post-Mortem Examination.

Trachea and bronchi pale; adhesions of the pleura on both sides of the chest, also to the diaphragm; portions of both right and left lungs sink in water; posterior part of the lobes filled with sero-purulent, the anterior with sanguineous fluid; there is a narrowing of the right auriculo-ventricular opening; the ventricle diminished in size; an enormous enlargement of the pulmonary artery, its first branch readily admitting two fingers; florid red blood in the left ventricle; the left auriculo-ventricular opening proportionately large; left ventricle distended, its parietes one third thicker then natural; there is a thickening of the arachnoid membrane, with effusion of water upon the surface of the cerebrum as well as a large quantity in the ventricles; the stomach and intestines healthy; a slight ossification about the coronary arteries at their exit; and the commencement of ossification is evident in the arterial system generally, particularly at the division of the common carotid.

ROYAL WESTERN HOSPITAL.

CASE OF STRANGULATED INGUINAL HERNIA, AND OPERATION.

William Smith, of a robust constitution, twenty-seven years of age, was admitted into this hospital, on the 30th July, at noon, with a tumour in the course of the right spermatic chord, and labouring under symptoms of strangulated hernia.

He stated that he had a hernia two years, for which he wore a truss, but having left it off to get it repaired, the intestine descended, whilst cleaning a horse, on the preceding morning, and he had not been able to return it; that he had vomited twice during the morning. His pulse was full, about 105, and there was no tenderness in the abdomen, but a slight pain in the tumour when it was touched.

Mr. Truman being in the hospital at the time of his admission, ordered him to be placed in a warm bath immediately, and while he was in the bath applied the taxis, but without effect; he was then bled to faintness, and the application of the taxis repeated, but still the intestine could not be returned. He was then taken out of the bath, and consented to undergo the operation which Mr. Truman told him would be necessary for his relief. He vomited once in the afternoon, and at six o'clock was removed into the operating theatre. After the tumour had been shaved there appeared a slight excoriation of the skin, which the patient said had been caused by the truss.

Operation.

Mr. Truman having pinched up the integuments, made an incision through them about three inches long, in the course of the tumour, and next divided a layer of the cellular substance, having first passed a director under it; this part of the operation was repeated till the sac was exposed, which was then opened by cutting through a small portion of the lower part of it, raised between the nails of the thumb and fore finger of the left hand, to avoid wounding the intestine. A small quantity of straw-coloured fluid escaped as soon as this incision was made. A director was then introduced into the sac, which was laid open its whole length, in the direction of the first incision, with a probe-pointed bistouri, when a knuckle of intestine was seen, of a dark mulberry colour, which was attached to the sac by weak adhesions of slight coagulated lymph. The operator after having freed the intestine from the adhesions, introduced the fore finger of the left hand into the inguinal canal, in the first place, to ascertain the seat of the stricture, which he found to be at the internal opening, and next to serve as a director for Sir A. Cooper's hernia bistouri, with which the stricture was divided in a line parallel to the linea alba. The intestine was then gently returned into the abdomen, the lips of the wound brought together, and covered with strips of adhesive plaster and simple dressing, over which a pad of lint, kept in its place by a T bandage, was applied. The patient was then carried to bed.

No medicine that night.

31. Seven o'clock, A.M. Has passed a good night, slept several hours; countenance

good, skin rather hot. Pulse full, 108. No tenderness in the abdomen, bowels have not been opened. Ordered,

Ol. ricini ℥ss. *stat. sumend.*

Eleven o'clock A.M. Bowels not yet opened, slight tenderness on the right side of the abdomen immediately above the incision. Pulse 108. Ordered,

Hirudines xxx. *loco dolenti stat., et repetat.*

Ol. ricini, ℥ss. *post applicationem hirudines.*

The leech bites to be fomented with warm water, and a large cataplasm applied to the abdomen.

Four o'clock, P.M. Pain removed; bowels copiously opened. Complains of thirst, feels much easier.

Aug. 1. Noon. Passed a good night, no pain. Pulse full, 95. Bowels not opened to day.

Repet. Ol. ricini.

2. Passed a better night; no pain; skin hot; bowels freely opened. Pulse rather quick. Ordered,

Saline mixture.

3. In every respect better; bowels open; passed a good night. To day the wound was dressed, and looks very healthy.

From this time no unfavourable symptom occurred, and, with the exception of a few doses of aperient medicine, he required no further medical treatment.

23. Discharged cured.

ROYAL INFIRMARY, EDINBURGH.

SIMPLE APOPLEXY, WITHOUT MORBID APPEARANCE.

A MAN, aged 54, of a plethoric habit, and short necked, was admitted into the Clinical Ward, May 30th. He was in a state of perfect coma, speechless, and with palsy of the right side to such an extent, that even the intercostal muscles of that side did not act. The leg and arm of the left side were occasionally affected with convulsive motions. Breathing stertorous; deglutition much impaired; pulse 74. The affection was of three days standing, and had come on with vertigo, loss of vision, violent headach, and vomiting.

All the usual remedies were judiciously and actively employed without benefit. On the 1st of June, there seemed to be a slight return of intelligence, but he soon relapsed into coma, and died on the 3d, without any change in the other symptoms.

Inspection.

A most minute and careful examination was made of the brain, without discovering any appearance of disease, except that the choroid plexus seemed rather darker than usual, and the basilar artery was diseased at one spot. By the side of the artery there was a spot of the cerebral substance no larger than a barleycorn, which appeared somewhat softened, but even this Dr. Duncan considered as extremely doubtful.

Dr. Abercrombie, in his able work on Diseases of the Brain and the Spinal Chord,* mentions some cases of a similar nature to the above, as fair examples of "simple apoplexy in its idiopathic form." One of these is that of a woman, aged about 30, of a full habit, who, some years before her death, had been affected with symptoms in the head, accompanied by impaired speech, and partial loss of recollection. Some effects of this attack had continued for a considerable time, especially in her speech; but by degrees she had perfectly recovered, and enjoyed excellent health for a long period preceding the present attack. She was stooping over a washing-tub, when she was seized with a violent fit of sneezing; she almost immediately became insensible, and would have fallen down, had she not been observed and supported by some persons standing by her, who carried her to bed in a state of perfect apoplexy. All the usual remedies were employed in the most active manner, without the least effect in alleviating any of the symptoms; she lay with all the symptoms of the most perfect apoplexy, and died on the following day. On inspection, no vestige of disease could be discovered in the brain or in any other organ.

Another case is that of a gentleman, aged 24, who had been observed for some days to be dull and drowsy, and who frequently complained of his head. Not having appeared at his usual time one morning, his friends went into his room, and found him lying across his bed, half dressed, in a state of perfect apoplexy. The attack was evidently recent, and it was supposed that he had been seized while he stooped over his basin in washing. His face was rather livid, his breathing stertorous, his pulse slow, and of good strength. All the usual remedies were employed with assiduity, but through the day there was no change in the symptoms. In the course of the night he recovered considerably, so as to know those about him; but, in a short time after, he relapsed into coma, and died early on the following day, little more than twenty-four hours after the attack. On inspection, there was a slight turgescence of the vessels on the surface of the brain; no other appearance of disease could be detected after the most careful examination. All the other viscera were in a healthy state.

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* A second and enlarged edition of this work has just been published by Messrs. Waugh and Innes, Edinburgh.

Dr. Abercrombie proposes to term the apoplectic affection thus unaccompanied by satisfactory deviation from the healthy structure, "*simple apoplexy*." This affection leads, he observes, "to speculations of very great interest; for the phenomena of the disease appear fully to establish the important fact, that there is a modification of apoplexy depending upon a cause of a temporary nature, without any real injury done to the substance of the brain; that the condition upon which this attack depends may be removed almost as speedily as it is induced; and that it may be fatal without leaving any morbid appearance in the brain. It is probable that cases of this kind," he remarks further on, "depend upon a cause which is entirely owing to a derangement of the circulation in the brain, distinct from inflammation."

ELECTION OF A PHYSICIAN TO THE DERBY INFIRMARY.

To the Editor of THE LANCET.

SIR,—It is with feelings of regret and reluctance that I now trouble you with a few lines on the subject of the late election of physician to this Infirmary, and likewise on the conduct since pursued by the unsuccessful candidate and his friends.

Wednesday last, the 26th of August, being the day appointed for the election, the three candidates, Dr. F. Fox, Dr. Baker, and Dr. Calvert, were nominated; the latter gentleman, however, not having arrived in this town till late in the canvass, honourably withdrew his name before going to the ballot. Dr. F. Fox is the eldest son of an eminent and long-resident physician of Derby, and has for the last five or six years been engaged as house surgeon to the Infirmary; during which period he has, to the utmost of his power, devoted both his talents and time to the interests of the institution; this being the unbiassed opinion of the governors, he had the honour and satisfaction, on relinquishing his office, to receive at their hands a general vote of thanks for his long and beneficial services.

Dr. Baker is a gentleman, who, having (as I suppose) met with ill support at other stations, at last determined upon testing the possible success of a midland town; on these grounds he fixed his anchor in this over-populated neighbourhood, a little more than a twelvemonth since; I sincerely hope he does not resemble a vessel deserted by her crew, and given up to the storms and winds which toss her to and fro, and at last is driven on some unknown shore, where she lingers for awhile, and then becomes a total wreck.

Both candidates approached the balloting room with equal confidence of success, but on enumerating the votes at the close of the poll, the numbers were, for Dr. Fox, 98. Dr. Baker, 74. The election having thus been fairly decided, the competitors returned thanks and separated, one to indulge in his merited good fortune, and the other to bewail his loss, and to form schemes for again introducing himself to the public.

Now, Sir, it is with painful feelings that I come to the consideration of my concluding subject, viz., the conduct since pursued by the unsuccessful candidate and his friends. This gentleman must either have excited his party to the following ignoble proceedings, or he must have allowed himself to be the tool of a factious body. What I complain of is, that on the Monday succeeding the election, four days only having elapsed, a proposition was made by a *packed company* that the number of physicians to the Infirmary be increased from two to three; as you may imagine, from the composition of the meeting, it was carried; but, sir, this partial assembly has not power to make laws, but merely to pass or reject propositions for the consideration of a general meeting of the governors. In the early part of next month this question will come before the public, and I feel confident that it will then meet with the reward it so justly merits, that of being quashed.

It was my intention to have remained a quiet spectator, had these transactions been conducted with decorum and liberality of principle, but, sir, when I see men led astray by such evident party spirit, I cannot, in justice to the opposite body, continue neutral. Let me ask, can any thing be more disingenuous than the practice I have reprobated? What would be the consequence if this system were carried into universal operation? Why, sir, hospitals and infirmaries would become corrupt, and the profession be in a state of open rebellion. It was justly observed, by a governor at the board, "that they were making a place for a man, and looking out a man for a place."

I am, Sir, your obedient servant,
HENRY FRANCIS.
Derby, St. Peter's Street, Sept. 1, 1829.

IMPROVEMENTS ON CIVIALE'S LITHONTRITIC INSTRUMENTS.

To the Editor of THE LANCET.

SIR,—Few, I believe, are unacquainted with M. Civiale's method of reducing calculi in the bladder to small fragments; so that the stone, instead of being extracted by the lateral incision, may be voided per urethram with the urine, or other injected fluid, by the natural efforts. This, however, was found to be more easy in theory than practice; for although it is possible to grasp the calculus it is not so easy to reduce it to pieces sufficiently small for evacuation, and it is attended with this evil, too, that each fragment becomes the nucleus of other depositions, rendering lithotomy at last necessary, attended with probably increased danger.

In the *Annali Universali di Medicina*, for March 1829, it is stated, that Dr. Pecchioli has introduced improvements in M. Civiale's lithontritic instruments. They possess all the properties of M. Civiale's, with this great advantage, that the force used to break down the calculus, can be either increased or diminished at the will of the operator, which M. Civiale's could not. This improvement is effected by a pulley, by which the surgeon can vary, modify, increase or diminish the force of the machine by means of his hand alone. But the most important modification is, that the perforator in the lithontritic instrument of M. Pecchioli can, at any period of the operation, be converted into a kind of trephine, the diameter of whose circular motions may be varied at will, from the smallest circle to one of eighteen lines in diameter, which allows the pulverisation of the calculus, without being obliged to let it go when bruised, and of seizing again every fragment to make fresh perforations.

In this manner a stone of considerable size may be reduced into powder at once. By this means, then, the dangers are avoided which result from numerous and irregular calculous fragments in the bladder, when the stone has been broken by many perforations after the method of M. Civiale and others.

If, sir, the insertion of this accord with your views, it is quite at your service for that purpose. I am, &c.

JOHN THOMAS.

Hackney, late of Dean-street,
Borough, Sept. 1829.

LECTURES ON THE EYE.

To the Editor of THE LANCET.

SIR,—Permit me to state the inconvenience, many students are put to, who receive their surgical education at the west end of the town. There are *four or five lecturers on surgery*, and strange to say, only one of them delivers lectures on the pathology of the eye. Now considering the number of diseases this beautiful and delicate organ is liable to be affected with, and the enormous sums received from pupils for attendance on these lectures, surely, some of the gentlemen might make an extension of a few lectures to their "*extended courses*,"* at once beneficial to their students, honest as regards themselves, and conferring that information which is calculated to alleviate, in a greater or less degree, the sufferings of mankind.

The insertion of this letter as early as possible will much oblige, and should this hint be the means of producing a reformation in this branch of surgical education, I shall be greatly rejoiced at having called the attention of the Surgical Lecturers to the subject. I am, Sir, yours,

H. W. DEWHURST.

September 15, 1829.

LETTER FROM A DRUGGIST.

To the Editor of THE LANCET.

SIR,—Being a constant reader of your valuable Journal, I perceive, in your last number, the complaints of two surgeons and apothecaries, on the subject of "prescribing druggists." Now, Mr. Editor, do you not consider we have equal right to prescribe aperient draught, or saline mixture, in case of application for it, with surgeons to retail a pennyworth of rhubarb, or magnesia? And as to bleeding and tooth-drawing, Mr. Editor, you must be aware that in many places the blacksmith, or some other *professional* man of the village, is in the habit of performing both operations with "undoubted" skill. Surely, Mr. Editor, chemists and druggists may be allowed to perform such operations in case of necessity. Does Medicus, of Schaw or Dover, suppose, that in case we receive a prescription from a physician when a patient is ordered to be bled, we shall send it to a surgeon? If so, he labours under a very great mistake. I would ask him why this dreadful grievance was not discovered before, for I venture to say that druggists do not prescribe more than formerly.

The evil then is not to be found here, it exists in the vast increase of apothecaries and surgeons, and you must be aware as well as myself, that there are too many by half to make fortunes. Nevertheless, those who possess abilities have no cause to despair, for they are sure to succeed.

By your insertion of this in your valuable Journal you will oblige

Yours, &c.

A DRUGGIST.

September 14, 1829.

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* Vide their advertisements.

STATE OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—Presuming that most, if not all, medical men read your journal, may I intrude on your columns to direct their attention to the principal cause of the present distressed state of the profession, (*the very numerous class of general practitioners*). I would ask, does not the evil rest with the two constituted authorities —the college of surgeons, and the society of apothecaries? The former, I know, requires of its members, that they should at all times maintain the honour and dignity of the profession, and, in return, undertakes to afford them every protection in the practice of it: In what single instance have they redeemed that pledge? It is notorious that hundreds are practising, both in London and in the country, illegally, and without any regular medical education, and that others are daily smuggling themselves into the profession by writing on their doors or windows, surgeon or surgeon-apothecary; thereby imposing both on the profession and on the public. If then the powers which profess to be the guardians of our rights and privileges, remain indifferent to our interests, it behoves us to adopt some plan of our own, to enable the public to distinguish the legally qualified and regularly educated practitioner, from the illegal and impudent intruder. I would suggest, that every member should write up on his door or window, "member of the royal college of surgeons," "or, licentiate of the society of apothecaries;" and the college and hall ought to inform the public, by constantly advertising, that those who have not this distinction, are practising illegally, or without their sanction. It is high time something was done; and I hope that you, who have always been the advocate of the general practitioner, will give us your able assistance on the subject.

Yours, &c.

London, Sept. 12th. M. R. C. S.

ERRATUM:

In Dr. Blundell's Sixth Lecture on the Gravid Uterus, Vol. I, page 261, line 8, for "absolute," read "*obsolete*."

TO CORRESPONDENTS.

Communications received from Mr. Greetham—Mr. Jackson—Mr. Frere—Mr. Croxall —Dr. Wilson—Dr. Harman—Mr. Purton—Mr. Mayne—Mr. Laing—Mr. Rye—Mr. Johnson—Mr. William Young—Mr. F. Young—Dr. Barton—Mr. J. Mytton—Mr. William Lewis—Mr. Edwards—Dr. Twycross—Mr. Litchfield, Dr. McFadzen—A Subscriber—A Druggist's Assistant—Chirurgicus—Expositor—O.

"μ." *If* the paper can be found, it shall be left at the LANCET office, directed Z. Z. within a week. All letters are usually destroyed if not inserted after a short period.

The explanation of "Amicus Scientiæ," was received too late to attend the proposed appointment.

The communication of Mr. Edwards reached us too late for insertion this week.

"A Subscriber." We can have no objection for the description of "sound chirurgical," published in No. 313, to be applied to the Bury and Suffolk Hospital.

We will answer A Junior Subscriber's inquiries in our next.

We very much approve of the spirit in which the letter of Mr. Edward Davies is written, but he is wholly wrong in his conclusions. Surely it is not necessary that a reviewer should lay before his readers, every fact which may have influenced him in forming his opinions. The judgment may have been defective, but our honesty cannot be impeached. We regard the work in question as a rank puff, and our only error, if any, was that of forbearance.

Neither the wit nor the flattery of "O." can induce us to relax in our determination. Besides; "break not a fly upon the wheel." It could afford "O." no pleasure to wound the feelings of a most industrious and worthy man.

"Chirurgicus." *Ensuing* session. *Verbatim.*

If "Hibernus" will oblige us with a list we will publish it.

"Senex." No; not a leaf of it. Can he not perceive that the report owes its origin to the foulest malignity? Unchanged and unchangeable.

END OF VOL. II., 1828—9.

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MDCCCXXVIII—IX.

IN TWO VOLUMES.

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MDCCCXXIX.

THE LANCET.

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ADDRESS

TO THE

READERS OF THE LANCET.

In commencing the volumes of this Journal for another medical year, it is gratifying to be relieved from dwelling upon those topics which chiefly constitute addresses of this description. We have not to excite displeasing doubts, by urging preposterous pledges that may never be redeemed, because the promises which we first gave have, we hope, been more than amply verified; and in directing attention to the future, we may appeal with boldness and confidence to the past. When we first embarked upon the troubled ocean of medical reform, we were but too conscious of the difficulties we had to encounter, to predict, with any degree of certainty, the goal we should ultimately reach; we merely contented ourselves with saying, therefore, that although we were well aware that we should be assailed with much interested opposition, we "would fearlessly discharge our duty." Opposition we have encountered from the first moment of our labours. Attempts of the basest kind have been made to check us in our course in every direction; but, aided in our endeavours by the great and enlightened portion of the profession, more has been achieved, for so limited a period, towards the consummation of the noble cause of surgical reform, than could have been conceived or expected by the most imaginative and ardent minds. What was the state of the profession on the 5th of October, 1823, when the first Number of The Lancet issued from the press? What were the "regulations" of the College of Surgeons? What was the instruction afforded to the industrious and plundered medical student? What was the treatment of the miserable inmates of our hospitals? And in what estimation were held the solid and well-founded claims to public confidence of the General Practitioners of England, in comparison with the empty and delusive titles of *St. Andrew's and Aberdeen Doctors?* How great is the change, how much more pleasing the scene! The improvement, however, is not more obvious than the instrument by which it has been effected. Up to that period, and even for some months afterwards, the College of Surgeons pursued, unchecked, its infamous career in the trade of monopoly; and about that time the learned Council promulgated its wonderful discovery of the difference between knowledge obtained during the *winter* season, and knowledge obtained during the *summer* season. The former, by a course of unerring induction, they found to be "sound chirurgical," and calculated to promote not only the interests of the student, but also their own. The latter unsound, and alike obnoxious to students and the College. The "regulation" enforcing attendance on winter courses of lectures, was quickly succeeded by another of still less doubtful character. It stated that "the College would, in future, refuse to receive certificates of attendance on lectures on anatomy, physiology, the theory and practice of surgery, and of the performance of dissections, except from the appointed professors of anatomy and surgery in the universities of Dublin, Edinburgh, Glasgow, and Aberdeen, or from persons teaching in a school *acknowledged* by the medical establishment of one of the 'recognised' hospitals, or from persons being physicians and surgeons to any of those hospitals." The school of London being, at that time, the only school of anatomy and surgery in England which the disinterested Council thought proper to recognise, it was evidently intended to throw the profits arising from instructing students in a knowledge of anatomy and surgery, into the pockets of the surgeons of the London Hospitals. Of the ten Examiners who then constituted the Court, seven were themselves London hospital surgeons! This must never be forgotten. The time, too, chosen for issuing this scandalous regulation is also worthy of remark. The school of anatomy in Webb Street, Borough, now so ably conducted by Mr. Richard Grainger, was founded in 1821 or 2, by his brother Mr. Edward Grainger, who soon became a most successful teacher, his pupils quickly outnumbering those of the anatomical theatre of St. Thomas's Hospital. The heavy duties connected with his office soon overpowered a constitution naturally weak, and he expired on the 3d of January, 1824. This was thought a delightful opportunity for razing to the ground the opposition theatre. Accordingly, the "regulation" just quoted, was issued by the Council. Of its successful operation, no doubt was entertained, the Council, before passing it, having been well assured that Mr. Richard Grainger would not be "acknowledged" by one of the "recognised" hospitals; and, upon that gentleman's application to the Council for the recognition and reception of his certificates, he was politely informed, "that the College could not recognise bricks and mortar." The infamous regulation is no longer in force, and Mr. Grainger's certificates *are* "recognised" by the College. And why? Because the irresistible "influence" of the press, an engine which has ever been the scourge of knaves, and the terror of fools, was directed against the despicable tyrants, and rescued their intended victim from the threatened destruction. The MEMBERS, at the same time, whenever they visited the College, were treated with marked disrespect, even by the menials of that establishment. At the Hunterian Oration, and on the days when lectures were delivered in the theatre, they were compelled to enter the College by a back door, in a dirty street, and in terms of menace, were refused admission at the portals in Lincoln's Inn Fields, those portals having been reserved for the Council, and their relatives and sycophants, the surgeons of the "recognised" hospitals. The museum, which cost the country nearly twenty thousand pounds, was virtually closed against the members; at least it was useless, for there was no catalogue of its contents, neither was there any library. Great is the change that has taken place. The members are no longer disgraced by entering their own College at a servant's door; the museum is now open to them whenever they choose to examine its treasures, and a splendid library daily invites their inspection. In our hospitals, the favoured, the "recognised" hospitals of the enlightened College, matters, if possible, were still worse. The patients were neglected in the most inhuman manner, and the students treated with no more attention or respect, than would have been shown to the most contemptible objects in the creation. Surgeons and physicians were alike irregular and negligent, and often, while the industrious and anxious pupil was pacing the square of the hospital, awaiting the arrival of the officer of the day, he lost the opportunity of hearing a valuable lecture delivered in some distant theatre. And as to a *clinical* lecture! Such a thing was not to be heard in the wards of any hospital in London. In comparing this state of things with what is now passing before the eyes of every man in the profession, it is evident that we have entered upon, if we have not yet proceeded far into, a new system. The activity which pervades every branch of the lecturer's department, and the wards of our hospitals, is, in itself, most gratifying evidence of a salutary change. Much, however, remains to be done; but there is no cause for despair. On the contrary, if so many improvements have been effected in so short a period, we have reason to believe that the profession can effect, by strenuous and unremitting efforts, the final accomplishment of its wishes, namely, a radical reform in the mode of electing the College Council. Until the constitution of this College shall be remodelled, we cannot hold *securely* any professional advantage, but must continue to remain at the mercy of men, whom, in justice and sound policy, we ought to command. The protraction of this great struggle is scarcely to be regretted, for the members of the profession are daily obtaining more correct information of the causes of the evils by which they are oppressed. Knowledge, thus acquired, is unadulterated with visionary theories, or wild and speculative schemes of improvement. During such a contest as that in which the profession is engaged, there should be ample time for discussion; thus the collision of opinions becomes less marked as the investigation proceeds, and, at length, all being agreed upon the cause of the mischief, the remedy is adopted without dispute or strife. If the College of Surgeons represented either the intelligence or the feelings of the profession, it would form an admirable connecting link between its members and the legislature. Unfortunately, its present interests are not identical with those of the profession. Hence, in any application that it may make to Parliament for a reformation of its constitution, it is to be apprehended that new powers will be sought for, calculated only to strengthen the hands of the Council.

A reformed College would at once force upon the attention of the legislature, the great defect in the administration of justice in this country, arising from the appointment of non-medical men to the office of Coroner. The evils resulting from this practice, have been frequently illustrated in the pages of this Journal during the past year; and although our efforts in this instance have not received the slightest support from any portion of the press, yet we have reason to believe they have produced some effect, where there is both the disposition and the power, to purify the stream of justice.

Again, if the voice of the profession were influential in our College, Parliament would speedily effect a salutary reformation in the government of our great national hospitals, and by the protecting principle of an improved method of electing the officers of these institutions, the public would be spared the horror of witnessing such scenes as were presented in the operation upon Stephen Pollard, and in the action of Cooper *versus* Wakley, to which that operation gave birth. It is true the Vampyre cry of "Give him time, give him time; do not crush him in the outset of his career," still vibrates upon the public ear; but, all circumstances considered, the result of that trial may be regarded as a most brilliant triumph for the liberty of the press. It must ever be remembered, that the plaintiff, in order to increase his chance of a verdict, suppressed his report of the operation until after the trial. In doing this, it will be allowed that he was discreet, if not generous; for since that report was laid before the profession, even the most venal of his supporters have been uniformly silent.

The encroachments made upon the interests and privileges of the profession by the out-patient system of our hospitals, and by the fraudulent concocters of infirmaries and dispensaries, have, of late, engaged much of our attention. These abuses constitute an evil of enormous magnitude, and press upon the GENERAL PRACTITIONER with a force at once cruel and destructive. The remedy is simple, and easy of application. Practitioners should firmly refuse, on all occasions, to meet, in consultation, the impostors by whom these impositions are projected and supported.

We cannot conclude these remarks, without, for a moment, calling attention to the manner in which we have been assailed by the advocates of corruption, for having endeavoured to correct the innumerable abuses which distract the profession. One of the accusations most constantly directed against us was, that we had published without consent—in fact, had stolen and published for our own profit, the lectures of several medical teachers. This charge was repeated, *usque ad nauseam*. For five years we treated the accusation with silent contempt; and having thus shown our feeble opponents, that it was not in their power to lessen the influence, or decrease the sale of this work, even though we scorned to notice their calumnies, we considered it right, in the preface to our last year's volumes, to make the profession acquainted with the circumstances under which the whole of the lectures had appeared in the pages of this Journal. The following was our statement on this subject:—

" It can scarcely be necessary to remind our readers of the distinction which we have always recognised between the situation of a public teacher and that of a private one, or of the principle upon which we claimed the right of publishing the Lectures of Mr. ABERNETHY. The Lectures of private teachers, which we acknowledge to be private property, we have never published, as we shall presently show, without the CONSENT of the Lecturers; but the Lectures of public medical teachers, delivered within the walls of public hospitals, stand, as we have uniformly contended, upon a totally different footing. We maintained this point fearlessly and manfully against Mr. ABERNETHY in a Court of Equity, and the issue of the contest was, that the injunction which that Gentleman obtained against the publication of his Lectures was finally dissolved by the Lord Chancellor. So much for Mr. ABERNETHY's Lectures. Sir ASTLEY COOPER's Lectures came within the principle on which we relied in our contest with Mr. ABERNETHY; but Sir ASTLEY COOPER cannot, at any rate, be one of those who has been plundered of his literary property, for Sir ASTLEY COOPER gave his express consent to the publication of his Lectures. The Lectures of Dr. BLUNDELL on Midwifery, though delivered within the walls of Guy's Hospital, we did not consider as public Lectures three years ago, because, at that time, no certificates of attendance on Courses of Midwifery were required by the Colleges or the Universities. We applied, therefore, for permission to publish them, which was not at that time conceded. Subsequently, certificates of attendance on courses of Midwifery have been required, and Dr. BLUNDELL has not only not withheld his consent from the publication of his Lectures in this Journal, but, as they were to go before the public, has added to their value by a revision of the proof sheets. Dr. ARMSTRONG's Lectures on the Theory and Practice of Medicine, were published in consequence of the intimation of one of his pupils, that the Lecturer would not offer any objection.

Dr. ARMSTRONG did, however, after the appearance of the first Lecture, object to the principle of publishing private Lectures, in which objection we acquiesced; but having expressed his opinion, he added, that he should leave the matter entirely to ourselves. We urged the ground of public utility—and as he found that the pupils were desirous of possessing his Lectures, he afterwards consented to their publication, and acknowledged their accuracy. Mr. ALCOCK's Lectures on some Practical points of Surgery, were published with his consent, and the proof sheets were revised by him. Mr. LAWRENCE's Lectures on the Anatomy, Physiology, and Diseases of the *Eye* were published with his consent, and the proof sheets were revised by him. Dr. CLUTTERBUCK's Lectures on the Theory and Practice of Physic were published with his consent, and the proof sheets were also revised by him. Dr. SPURZHEIM's Lectures on Phrenology in like manner appeared with the consent, and underwent the revision of the Lecturer. The Lectures of Mr. BRANDE on Chemistry, and those of Dr. HASLAM on the Intellectual Composition of Man, were also published with the express consent of the Lecturers. All these facts we have had the permission and authority of the several Lecturers to state, from the periods at which their respective Courses were completed, as distinctly as we now state them; but we have hitherto disdained to give this conclusive answer to the calumnies of our enemies, and we have now, once for all, adopted this course, in order that such calumnies, if they be again repeated, may be as much contemned in all other quarters, as they have been uniformly contemned by ourselves."

To enable the profession duly to appreciate the candid and noble spirit which animates the bosoms of our opponents, it is only necessary to state, that not one word of this explicit and unequivocal refutation of their calumnies, has, up to this hour, been copied into their pages. Such has been the conduct of our respectable antagonists, who, while they have slandered, have endeavoured to plunder, and who, being despised by all honourable and intelligent minds, are content to subsist upon a wretched pittance, awarded to them for their still more wretched imitations of this Journal.

The friends of a FREE MEDICAL PRESS will be gratified to learn, that the sale of THE LANCET during the past summer has been greater than during any other summer since its first publication; and we may state, without fear of contradiction, that its circulation very far surpasses that of any other medical journal in the known world.

The second Number of this volume, to be published on Saturday next, October the third, will contain.

MR. LAWRENCE'S INTRODUCTORY ADDRESS

to a

COURSE OF LECTURES ON SURGERY, MEDICAL AND OPERATIVE.

The entire course will be published *verbatim*, with that gentleman's express consent, in the volumes for the ensuing year. The same volumes will contain occasional clinical lectures by Mr. WARDROP, Dr. ELLIOTSON, Dr. ROOTS, Mr. GREEN, Professor CHARLES BELL, Professor DUPUYTREN, and the usual matter of Reviews, Foreign Intelligence, Hospital Reports, proceedings of Medical Societies, &c. &c.

THE LANCET.

London, Saturday, September 26, 1829.

We have this week taken some pains to furnish medical students with an accurate list of the Lectures with which the session of 1829-30 is about to commence. It was our intention to have thrown out a few hints upon the possible advantages which some of the institutions afford; but the prospectuses from which our accounts have been taken, were, in several instances, delivered so late, that we find it impossible to offer any observations in detail upon the comparative advantages of the schools. It cannot be expected that we should at any time enter into an invidious comparison of the merits of the different teachers, but it will be our object next week, without meaning the slightest disrespect to those lecturers, whose names we may pass over in silence, to endeavour to point out to the student, where he may fix himself with a fair prospect of obtaining that information which it is his business to acquire, at the least possible cost and inconvenience. The hints we shall offer, will be dictated in a spirit of perfect impartiality, and will be founded upon a tolerably accurate knowledge of the subject. Students should know, that the lecture-rooms and hospitals are generally open to all, without an admission fee, until about the end of the first week of the session; and they will find Saturday, October the third, sufficiently early to determine upon their selection. We cannot too strongly urge the propriety of their exercising great caution in this matter, as the least reflection must convince them that their fortunes hang upon the issue.

The established practitioner must be too sensible of the value, to the student, of such a list as the one we have published, to view with indifference, or regret, the extended space which it occupies.

THE MEDICAL AND SURGICAL SCHOOLS OF LONDON.

Session 1829-30.

UNIVERSITY OF LONDON.

The following medical classes will open on Thursday the 1st of October, with the exceptions afterwards stated, and will continue to the middle of May, without any interruption, except for a few days at Christmas and Easter.

Anatomy, Physiology, Comparative Anatomy, Surgery, Clinical Surgery, Nature and Treatment of Diseases, Clinical Medicine, Midwifery and Diseases of Women and Children, Materia Medica and Therapeutics, Chemistry, Medical Jurisprudence, and Dissections and Demonstrations. The class of Botany will open on the 1st of April, and continue for three months.

Students should enter their names previously to the commencement of the classes, or very soon after: fees to be paid at the office of the University. Students nominated by a proprietor must bring a written nomination, but no particular form is necessary. Those who, during the last session, were nominees of proprietors, are not required to renew their nomination.

It will be observed that the following classes continue from October to the middle of May, and the larger fee is for the whole course; but for the convenience of the students the course may be divided into two parts, and a separate fee be paid for each.

[The amount of *one* first and *two* second divisions, constitutes the charge for a PERPETUAL ENTRANCE to either of the courses.]

LECTURES.

Anatomy; Professor Pattison; daily, except Saturday, half past one to three. Fee, 7*l*. Or, for the first division, 4*l*.; second division, 3*l*. The half hour from half past one to two, will be occupied by examinations on the previous lectures.

Physiology; Professor Bell; Tuesday and Thursday, five to six. Fee 2*l*.

Anatomical Demonstrations; J. R. Bennett, A.B.; daily, eleven to twelve. Fee, 5*l*. First division, 3*l*.; second division, 2*l*. The anatomy of the human body will be completely demonstrated at least twice during the session. The examinations take place on Saturday.

Surgery and Clinical Surgery; Professor Bell; Monday, Wednesday, and Friday, five to half past six. Fee, 5*l*. First division, 3*l*.; second division, 2*l*.

Nature and Treatment of Diseases; Professor, Dr. Conolly; daily, except Saturday, four to five. Fee, 6*l.* Or, for each division, 3*l.*

Midwifery and Diseases of Women and Children; Professor, Dr. Davis; Monday, Wednesday, Friday, and Saturday, nine to ten. Fee, 5*l.* First division, 3*l.*; second division, 2*l.*

Clinical Medicine; Professor, Dr. Watson; Monday and Friday, half past twelve to half past one. Fee for the whole course, 4*l.*; for half the course, 2*l.*

Materia Medica and Therapeutics; Professor, Dr. Thomson; daily, except Saturday, three to four. Fee, 6*l.* First division, 3*l.*; second division, 3*l.*

A very complete museum has been formed by the professor of this department for the illustration of his lectures, to which the students of his class will have access under certain regulations.

Instruction in pharmaceutical chemistry will be given to private pupils in the Professor's laboratory in the course of the session, the particulars of which will be announced hereafter.

Chemistry; Professor, Dr. Turner; daily, except Saturday, ten to eleven. Fee, 7*l.* First division, 4*l.*; second division, 3*l.*

The professor will give one or more courses of practical chemistry, in which the pupils will be instructed in the manipulations of experiments and processes. Further particulars will be announced hereafter, and the professor will, in the mean time, give information on the subject to those who may apply to him.

Comparative Anatomy; Professor, Dr. Grant; daily, except Saturday, three to four. Commencing on the 15th of October, and terminating at the end of January. Fee, 2*l.*

Botany; Professor Lindley; daily, during the months of April, May, and June. Fee, 3*l.*

Medical Jurisprudence; Professor, Dr. J. Gordon Smith; Monday, Wednesday, and Friday, from half past seven to half past eight. These lectures will commence in October, and be continued until May. Fee, 4*l.* First division, 2*l.*; second division, 2*l.*

If the class is sufficiently numerous, the professor will instruct the students of medicine, and those who are not of that profession, separately; but as the object of instruction will be a common one, all the pupils will be at liberty to attend upon every occasion.

The museum of anatomy is open to the medical students every day. Besides an extensive series of preparations, it contains a large collection of original drawings in illustration of morbid structure; and both collections are receiving additions regularly. Descriptive catalogues are preparing, which will be ready next session.

EXAMINATIONS AND CERTIFICATES.

Every professor devotes a certain portion of the hours of instruction in each week to the examination of his pupils. No junior student is exempted; students of more advanced years may claim exemption, but all who wish to obtain certificates must submit to these examinations. There will be three public examinations of each class in the course of the session; the first immediately before Christmas, the second immediately before Easter, the third at the beginning of July, and upon the last occasion prizes and honours will be awarded. In the medical classes, however, the final examination, and the distribution of prizes and honours, will take place about the middle of May. The results of the two first examinations will be taken into account in determining the merits of the competitors for honours at the conclusion of the session.

LIBRARY.

A collection has already been made of more than eight thousand volumes, and it is daily increasing. It consists chiefly of such works as the students must consult in the prosecution of their studies at the University. The library is open every day from ten in the morning to four in the afternoon, and the books may be consulted by all the students of the University. Separate libraries have been formed for the use of the law and medical students, to which they will have access in the evening.

HOSPITAL ATTENDANCE.

The students have the power of witnessing hospital practice at the Middlesex Hospital, which is in the vicinity of the University. Dr. Watson and Mr. Bell deliver clinical lectures in the University upon their cases in the hospital. For the terms of admission to the hospital, see article, " Middlesex Hospital."

DISPENSARY ATTENDANCE.

The Council have established a dispensary in George Street, Euston Square, which is attended by the professors of the nature and treatment of diseases, materia medica, midwifery, and anatomy; and affords to the pupils the benefit of dispensary practice under their teachers. Fee, for nine months' attendance, 5*l.*

Fees. — 1. Non-nomination Fee. — The class-fees stated above are payable by students nominated by *proprietors;* those not nominated, pay an addition upon those fees according to the following scale; viz. if the class-fee be 1*l.*, an addition of 5*s.*; 2*l.*, 10*s.*, and so forth. But this extra payment ceases, so soon as it amounts to 4*l.* 10*s.*

[There is no difficulty in procuring a *nomination*, and the addresses of proprietors may be obtained at the office of the University.]

2. University Fee.—Students who are matriculated pay a fee of 2*l*., and are exempted from further payment on this head for four years. Occasional students pay annually a fee of 10*s*. for one class, and 1*l*. for two or more classes.

Table of the Days and Hours of Attendance for the Pupils forming the Medical Classes.

	M.	Tu.	W.	Th.	F.	S.	Class.
9 ..10	|		|		|	|	Midwifery.
10 ..11	|	|	|	|	|		Chemistry.
11 ..12	|	|	|	|	|	|	Anatomical Demonstrations.
12½.. 1½	|				|		Clinical Medicine.
12½.. 1½	|	|	|	|	|		Hospital Attendance.
12½.. 1½	|	|	|	|	|		Dispensary Attendance.
1½.. 3	|	|	|	|	|		Anatomy.
3 .. 4	|	|	|	|	|		Compar. Anat. 15 Oct. to 31 Jan.
3 .. 4	|	|	|	|	|		Materia Medica.
4 .. 5	|	|	|	|	|		Nature and Treatment of Diseases.
5 .. 6½	|		|		|		Surgery and Clinical Surgery.
5 .. 6		|		|			Physiology.
7½.. 8½	|		|		|		Medical Jurisprudence.
....	|	|	|	|	|	|	Botany, 1st April to 30th June.

ST. BARTHOLOMEW'S HOSPITAL.

LECTURES.

Surgery, by William Lawrence, F.R.S., on Mondays, Wednesdays, and Fridays, at seven o'clock in the evening. Single course, five guineas; unlimited, eight guineas.

[This course is intended to embrace the whole of surgery, both medical and operative, to represent the present state of surgical science and practice, and to prepare the student for all the duties which he will have to perform as surgeon. It will, therefore, include the following subjects; namely, all injuries incidental to the human frame; all the diseases, which custom has assigned to the care of the surgeon; operations, and manual proceedings of all kinds, that may be required in every description of disease and accident, except those which belong to the province of midwifery, or the art of the dentist. The nature of each accident and affection will be explained, by an account of its origin, progress, symptoms, and effects; the changes produced in the state of the organs will be considered, and illustrated by pathological specimens and figures. From these considerations will be deduced, the means of prevention and treatment, whether by diet or general management, by remedies internal or external, or by operations. The latter will be described and exhibited on the dead subject. The introductory lecture will be delivered on Thursday, the 1st of October, at half-past two; and the course will be continued every Monday, Wednesday, and Friday evening, at seven o'clock.]

Medicine, by Clement Hue, M.D., on Tuesdays, Thursdays, and Saturdays, at ten o'clock in the morning. Single course, four guineas; two courses, six guineas; perpetual, seven guineas.

Chemistry, by Dr. Hue, on Mondays, Wednesdays, and Fridays, at ten o'clock in the morning. Single course, four guineas; two courses, seven guineas; perpetual, eight guineas.

Materia Medica and Botany, by Dr. Hue, on Tuesdays, Wednesdays, and Fridays, at a quarter past eleven in the morning. One course, two guineas; two courses, three guineas; perpetual, four guineas.

Gentlemen entering as perpetual pupils to both the lectures on medicine and chemistry, are considered as perpetual also to materia medica and clinical lectures.

Anatomy and Physiology, by Mr. Stanley, daily, at half past two o'clock. First course, five guineas; second course, four guineas; third course, three guineas; unlimited, ten guineas.

Clinical Lectures on Surgery, (gratuitously,) by Henry Earle, F.R.S., on Saturdays, at eight in the evening.

Anatomical Demonstrations, and Superintendence of Practical Anatomy, by Mr. Skey and Mr. Wormald. Single course, three guineas; unlimited, ten guineas. The demonstrations daily at nine in the morning.

Midwifery, and the Diseases of Women and Children, by Dr. John T. Conquest, M.D., on Tuesdays and Thursdays, at seven, and Saturdays, at half-past six in the evening. One course, three guineas; two courses, five guineas; perpetual, eight guineas.

Morbid Inspections, as opportunities occur, at one o'clock.

The Museum of the Hospital is opened every day for the admission of students.

ST. THOMAS'S HOSPITAL.

LECTURES.

Theory and Practice of Medicine; Dr. Elliotson and Dr. Williams; Tuesdays, Thursdays, and Saturdays, at eleven o'clock. First course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; third and every subsequent course, paid for separately, 2*l.* 2*s.*; two courses, paid for at once, 6*l.* 6*s.*; three courses, ditto, 7*l.* 7*s.*; perpetual, 8*l.* 8*s.*

Dr. Elliotson will deliver the first, and Dr. Williams the second course.

Principles and Practice of General and Pharmaceutical Chemistry; Dr. Burton; Mondays, Wednesdays, and Fridays, at eleven o'clock. First course, 4*l.* 4*s.*; second course, 3*l*, 3*s.*; third and every subsequent course, paid for separately, 2*l.* 2*s.*; two courses, paid for at once, 6*l.* 6*s.*; three courses, ditto, 7*l.* 7*s.*; perpetual, 8*l.* 8*s.*

Materia Medica; Dr. Roots; Tuesdays and Fridays, at eleven in the evening. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; perpetual, 4*l.* 4*s.*

The specimens of the Materia Medica will be open for the inspection of *his pupils.*

Midwifery and the Diseases of Women and Children; Dr. Ferguson and Dr. Ashburner; Tuesdays, Thursdays, and Saturdays, at nine in the morning. Single courses, each, 3*l.* 3*s.*; two courses, paid for at once, 5*l.* 5*s.*; third, and every subsequent course, 2*l.* 2*s.*; perpetual, 8*l.* 8*s.* Labours free of expense.

Botany, Physiological, Descriptive, and Practical; Mr. Frost; Wednesdays, at half-past twelve o'clock. Single course, 1*l.* 1*s.*; two courses, subscribed for at the same time, 1*l.* 11*s.* 6*d.*; three courses, ditto, 2*l.* 2*s.*

Anatomy, Physiology, and Operations of Surgery: Mr. Green and Mr. John F. South: daily, at two o'clock. One course, 5*l.* 5*s.*; two courses, 9*l.* 9*s.*; perpetual, 10*l.* 10*s.*; dissections, single courses, each, 3*l.* 3*s.*; perpetual, 10*l.* 10*s.*

Principles and Practice of Surgery; Mr. Green; Mondays and Wednesdays at eight in the evening; single course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

Comparative Anatomy; Mr. John F. South; Thursdays, at eight in the evening; single course, 1*l.* 1*s.*; perpetual, 2*l.* 2*s.*

Anatomical Demonstrations; Mr. Mackmurdo and Mr. S. Solly; every morning at ten o'clock.

HOSPITAL PRACTICE.

Medical Practice.—Physician's pupil, perpetual, (fees included,) 24*l.* 3*s.*; one year, ditto, 17*l.* 17*s.*; nine months, ditto, 12*l.* 12*s.*

Surgical Practice.—Dresser, one year (fees included) 51*l.* 2*s.*; six months, ditto, 32*l.* 12*s.*; Surgeons' pupil, one year, (fees included) 26*l.* 6*s.*; six months, ditto, 20*l.*; a second entry, if within two months, 6*l.* 12*s.*

GUY'S HOSPITAL.

LECTURES.

Midwifery and Diseases of Women and Children; Dr. Blundell; daily, at a quarter before eight in the morning. Single courses, each, 3*l.* 3*s.*; two courses, paid for at once, 5*l.* 5*s.*; third, fourth, and fifth, each, 2*l.* 2*s.*; perpetual, after four single courses, or at one payment, 10*l.* 10*s.*

Physiology, or Laws of the Animal Œconomy; Dr. Blundell; Mondays and Wednesdays, at half-past six in the evening. Single course, 2*l.* 2*s.*; second course, and to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 3*l.* 3*s.* Pupils of two or more courses of Midwifery, become perpetual to this by entering for one course.

Theory and Practice of Medicine; Dr. Bright and Dr. Addison; Mondays, Wednesdays, and Fridays, at ten o'clock. First course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; third, and to be perpetual, 2*l.* 2*s.*; two courses paid for at once, 6*l.* 6*s.*; to be perpetual, 3*l.* 8*s.*; three courses, ditto, 7*l.* 7*s.*; to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 8*l.* 8*s.* Text-book of lectures, 3*s.* 6*d.*

Materia Medica, Therapeutics, and Medical Botany; Dr. Addison; Tuesdays and Fridays, at seven in the evening. First course, 3*l.* 3*s.*; second course, and to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 4*l.* 4*s.*

Clinical Lectures will be given by the physicians.

Principles, Practice, and Operations, of Surgery; Mr. Key and Mr. Morgan; Tuesdays, Thursdays, and Fridays, at eight in the evening. Single course, 3*l.* 3*s.*; perpetual, after two single courses, or at one payment, 5*l.* 5*s.*

Principles and Practice of Chemistry; Arthur Aikin and Alexander Barry; Tuesdays, Thursdays, and Saturdays, at a quarter before ten o'clock. First course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; third, and to be perpetual, 2*l.* 2*s.*; two courses, paid for at once, 6*l.* 6*s.*; to be perpetual, 3*l.* 3*s.*; three courses, ditto, 7*l.* 7*s.*; to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 8*l.* 8*s.*; text-book of the lectures, *gratis.*

Experimental Philosophy.—Twenty-six lectures, comprising Mechanics, Hydrostatics, Hydraulics, the Steam Engine, Pneumatics, Optics, Electricity, Magnetism, Electro-Magnetism, and Astronomy;—John Millington and Alexander Barry; Thursdays, at six in the evening. Single course, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.* Those who attend Chemistry may enter for one guinea less.

Anatomy and Operations of Surgery; Mr. Bransby Cooper; daily, at two o'clock. (Lectures on the Anatomy and Diseases of the Teeth will be included in this course, and will be given by Mr. Bell.) Lectures, one course, *5l. 5s.*; two courses, at one payment, *9l. 9s.*; a third course, and to be perpetual, *2l. 2s.*; perpetual, at one payment, 10*l.* 10*s.*; dissections, single courses, each, *3l. 3s.*; perpetual, after four single courses, or at one payment, 10*l.* 10*s.*

Clinical instructions will be given by the surgeons.

Morbid Anatomy; Dr. Hodgkin, curator of the museum; demonstrations at one o'clock; lectures on Saturdays at eleven o'clock; catalogue of the museum, 15*s.*

HOSPITAL PRACTICE.

Physicians' Pupil, perpetual, 24*l.* 4*s.*; one year, 17*l.* 18*s.*; nine months, 12*l.* 13*s.*; fees included.

Surgeons' Dresser, one year, 51*l.* 2*s.*; six months, 32*l.* 12*s.*

Surgeons' Pupil, twelve months, 26*l.* 6*s.*; six months, 20*l.*; fees included. Pupils entering to the surgical practice of Guy's Hospital, are allowed to attend that of St. Thomas's.

Pupils will be permitted the use of the library and reading-room, subject to regulations.

WESTMINSTER HOSPITAL.

LECTURES.

Clinical Lectures are occasionally given by the physicians and surgeons, and are the only lectures delivered in this hospital.

HOSPITAL PRACTICE.

Physicians' pupils admitted to attend the practice of the physicians. For six months to pay ten guineas; for one year, fifteen pounds; perpetual pupils, twenty guineas.

Surgeons' pupils admitted to attend the practice of the surgeons. For six months, twelve guineas; perpetual pupils, twenty guineas.

Pupils are allowed in turn to become dressers without an additional fee, on expressing a desire to that effect to the house-surgeon.

ST. GEORGE'S HOSPITAL.

LECTURES.

Clinical Lectures, on Thursdays, at one o'clock, are the only lectures delivered in this Hospital.

HOSPITAL PRACTICE.

Physicians' Pupils admitted to attend the practice of the physicians. For six months to pay twelve guineas; for one year, twenty guineas; perpetual pupils, twenty-four guineas. Such pupils as have entered for half a year, and at the expiration of that term are desirous of entering for another half year, are to pay eight guineas; or may become perpetual pupils, by paying twelve guineas. Such pupils as have entered for one year, and at the expiration of that term are desirous of becoming perpetual, are to make an additional payment of eight guineas. Any pupil who is, or who has been previously, a surgeon's pupil, may attend the practice of the physicians one year, upon paying sixteen guineas. No certificates will be given by the physicians to any pupil who has not attended their practice at least six months. Every pupil, upon admission, is to pay one guinea to the apothecary.

Surgeons' Pupils admitted to attend the practice of the surgeons. For six months, to pay fifteen guineas; for twelve months, twenty guineas; perpetual, fifty guineas.

Pupils entering for twelve months are allowed to dress the patients in turn, according to seniority; but not until they have attended the practice of the Hospital three months. Any pupil who is, or who has been previously, a physician's pupil, may attend the practice of the surgeons one year, upon paying sixteen guineas. Every pupil, upon admission, is to pay the customary fee of three shillings to the porter, and the same to the surgeryman.

MIDDLESEX HOSPITAL.

HOSPITAL PRACTICE.

Physicians' Pupil.—Six months, 10*l.* 10*s.* Twelve months, 15*l.* 15*s.* Perpetual, 22*l.* 1*s.*

Surgeons' Pupil.—Three months, 10*l.* 10*s.* Six months, 15*l.* 15*s.* Twelve months, 21*l.* Perpetual, 52*l.* 10*s.*

Entrance fee to the apothecary, 1*l.* 1*s.*; to the secretary, 5*s.*

The pupils of the University are to be admitted to attendance at the Middlesex Hospital for the following fees:—

Academical session of nine months, 12*l.* 12*s.*; but no certificate is granted without completing the attendance for the year, and paying up the fee of 21*l.* Second session, 12*l.* 12*s.*; after which the pupil will have free admission. A fee of twenty-one guineas at one payment, or of nine guineas in addition to the first 12*l.* 12*s.*, if paid before the conclusion of the first session, will also entitle the pupil to free admission. Entrance fee to the apothecary, one guinea; to the secretary, five shillings.

Surgical Practice—The same.

[Lectures on Midwifery, by Dr. Ley; see page 18.]

LONDON HOSPITAL.

LECTURES.

Theory and Practice of Medicine, by Dr. Billing, on Tuesdays, Thursdays, and Fridays, at half past three.

Materia Medica, by Dr. Cobb, on Wednesdays and Fridays, at nine A.M.

Midwifery and Diseases of Women and Children, by Dr. Ramsbotham and Dr. F. H. Ramsbotham, on Mondays, Wednesdays, and Fridays, at ten in the morning.

General and Pharmaceutic Chemistry, by Dr. Gordon, on Tuesdays, Thursdays, and Saturdays, at ten in the morning.

Anatomy, Physiology, and the Operations of Surgery, by Mr. Headington and Mr. Luke, daily, at two o'clock.

Principles and Practice of Surgery, by Mr. Headington and Mr. Luke, on Mondays and Wednesdays, at eight in the evening.

Practical Anatomy and Demonstrations, by Mr. Hamilton and Mr. Adams, daily, at half past eleven in the morning.

Terms.

Practice of Medicine.—First course, four guineas; second course, three guineas; two paid for at once, six guineas; perpetual, seven guineas.

Materia Medica; first course, three guineas; second course, two guineas; perpetual, four guineas.

Midwifery; first course, three guineas; second course, three guineas; third course, two guineas; two, paid for at once, five guineas; perpetual, eight guineas.

Chemistry; first course, four guineas; second course, three guineas; two paid for at once, six guineas; perpetual, eight guineas.

Anatomy; first course, five guineas; second course, four guineas; third course, three guineas; perpetual, ten guineas.

Surgery; first course, three guineas; second course, three guineas; perpetual, five guineas.

Demonstrations; first course, three guineas; second course, three guineas; third course, three guineas; perpetual, ten guineas.

HOSPITAL PRACTICE.

Physicians' Pupil; Nine months, ten guineas; twelve months, fifteen guineas; perpetual, twenty guineas; apothecary's fee, one guinea.—Clinical lectures by Dr. Billing and Dr. Gordon, on Saturdays, at half past three.

Surgeons' Pupil; Six months, twenty guineas; twelve months, thirty guineas; library, one guinea. Occasional clinical observations will be given by Sir William Blizard.

ROYAL WESTERN HOSPITAL,

Nutford Place, Bryanstone Square.

LECTURES.

Anatomy and Physiology, with Dissections and Demonstrations, by Mr. Sleigh and Mr. Matthew Truman. Introductory lecture on Anatomy, by Mr. Sleigh, on Thursday, 1st October, at eight o'clock in the evening. A lecture at seven, A.M. and a demonstration at two, P.M. daily. One course, five guineas; perpetual, ten guineas.

Theory and Practice of Medicine; first course by Dr. Scudamore, second course by Dr. Ayre. Introductory lecture on Friday evening, 2d Oct. at seven o'clock, P.M. A lecture will be given at the same hour three times a week. One course, four guineas; perpetual, eight guineas.

Principles and Practice of Surgery, by Mr. Sleigh, at eight o'clock in the evening, twice a week. One course, four guineas; perpetual, eight guineas.

To the pupils who enter to two courses of each of the foregoing lectures, a free admission will be given to attend the medical and surgical practice of the hospital, and to the clinical lectures to be delivered weekly.

Materia Medica and Chemistry, and Natural Philosophy, by Dr. Epps. Introductory lecture on Saturday, 3d October, at eight o'clock, P.M. One course on Materia Medica, two guineas; one course on Chemistry, three guineas; perpetual to both, seven guineas.

Principles and Practice of Midwifery, by Dr. Ryan, Mondays, Wednesdays, and Saturdays, at eight, P.M. One course, three guineas; two courses, five guineas. Introductory lecture at eight o'clock, P.M. on Saturday.

Botany, by Mr. Houlton.

Pupils are particularly requested to observe, that within these few days, a communication has been received from the Royal College of Surgeons in Edinburgh, by the medical officers of the Royal Western Hospital, acquainting them that their Hospital is formally recognised by the Edinburgh College; and they are further requested to observe, that the fee for the Edinburgh diploma is only six guineas, while the fee for the London diploma is twenty-two guineas.

THE ROYAL INSTITUTION,

Albemarle Street.

LECTURES ON CHEMISTRY,

Delivered in the laboratory of the Royal Institution, by William Thomas Brande, F.R.S. and M. Faraday, F.R.S. These lectures commence on the second Tuesday in October, at nine in the morning, and are continued every Tuesday, Thursday, and Saturday. Two courses are given during the season, which begins in October, and terminates in June. The subjects comprehended in the course are treated of in the following order:

Division I.—Of the Powers and Properties of Matter, and the general laws of Chemical Changes. 1. Attraction, crystallization, chemical affinity, laws of combination and decomposition. 2. Heat; its influence as a chemical agent in art and nature. 3. Electricity; its laws and connexion with chemical phenomena. 4. Radiant matter.

Division II.—Of Undecompounded Substances, and their Mutual Combinations. 1. Substances that support combustion: oxygen, chlorine, iodine, fluorine. 2. Inflammable and acidifiable substances: hydrogen, nitrogen, sulphur, selenium, phosphorus, carbon, boron. 3. Metals; and their combinations, with the various substances described in the early part of the course.

Division III.—Vegetable Chemistry. 1. Chemical physiology of vegetables. 2. Modes of analysis, ultimate and proximate elements. 3. Processes of fermentation, and their products.

Division IV.—Chemistry of the Animal Kingdom. 1. General views connected with this department of the science. 2. Composition and properties of the solids and fluids of animals. 3. Products of disease. 4. Animal functions.

In the first division of each course, the principles and objects of chemical science, and the general laws of chemical changes, are explained, and the phenomena of attraction, and of light, heat, and electricity developed, and illustrated by numerous experiments.

In the second division, the undecompounded bodies are examined, and the modes of procuring them in a pure form, and of ascertaining their chemical characters, exhibited upon an extended scale.—The lectures on the metals include a succinct account of mineralogy, and of the methods of analyzing and assaying ores.

This part of the course will also contain a full examination of pharmaceutical chemistry; the chemical processes of the *pharmacopœiæ* will be particularly described, and compared with those adopted by the manufacturer.

The third and fourth divisions relate to organic substances. The chemical changes induced by vegetation, are here inquired into; the principles of vegetables, the theory of fermentation, and the character of its products, are then examined.

The chemical history of animals is the next object of inquiry—it is illustrated by an examination of their component parts in health, and in disease; by an inquiry into the chemistry of animal functions, and into the application of chemical principles to the treatment of diseases.

The applications of chemistry to the arts and manufactures, and to economical purposes, are discussed at some length in various parts of the courses; and the most important of them are experimentally exhibited. The various operations of analysis are also shown and explained.

Terms.

The admission fee to each course is *four guineas*; or by paying *eight guineas*, gentlemen are entitled to attend for an unlimited time. Gentlemen, who are in actual attendance at the medical and anatomical schools in London, are admitted to attend two courses of the above lectures, upon the payment of *six guineas*. Life and annual subscribers to the Royal Institution are admitted to the above lectures, on payment of *two guineas* for each course; or, by paying *six guineas*, are entitled to attend for an unlimited time.

CENTRAL INFIRMARY AND DISPENSARY,
Greville Street, Hatton Garden.

DISPENSARY PRACTICE.

Perpetual, eight guineas; twelve months, five guineas.

LECTURES.

Principles and Practice of Physic; Dr. Ramadge. For one course, three guineas; perpetual, five guineas.

Chemistry, Materia Medica, and Medical Botany; Dr. Ramadge. For one course, three guineas; perpetual, five guineas; perpetual to all the lectures, eight guineas. Commence in October, at eight o'clock in the morning.

Gentlemen entering as perpetual pupils to the lectures and medical practice, will have unequalled opportunities of examining dead bodies, and of being thereby truly acquainted with Morbid Anatomy; and, through the privilege of attending (gratuitously) the Infirmary for Asthma, Consumption, &c. they will have an ample field for improvement in the practical application of the Stethoscope and Percussion, as means of distinguishing the several diseases of the chest.

Evening examinations and clinical instructions will be given on alternate evenings, during the winter season, to which all medical students may obtain gratuitous admission.

LONDON OPHTHALMIC INFIRMARY,
Moorfields.

SURGICAL ATTENDANCE,

Three months, five guineas; six months, eight guineas; perpetual, ten guineas.

THE ROYAL WESTMINSTER OPHTHALMIC INFIRMARY.
Warwick Street, Piccadilly.

Mr. Guthrie will commence his Lectures on Surgery, on Monday, 5th of October, at seven o'clock in the evening, in the Waiting-room. They will be continued every Monday and Wednesday evenings, until the 1st of May. First course, three guineas; perpetual, five guineas.

The operations referred to in the lectures will be shown, and the relative anatomy of the parts concerned fully demonstrated. The lectures embracing the Anatomy, Diseases, and Operations of the Eye, will be delivered at an hour most convenient for the purpose of illustration. An examination of such students as choose to remain, will take place after the lecture on the Wednesday evening.

WEST LONDON INFIRMARY,
28, *Villiers Street, Strand.*

INFIRMARY PRACTICE.

For one year, seven guineas. Clinical lectures.

MIDDLESEX INFIRMARY,
27, *Great Pulteney Street.*

INFIRMARY PRACTICE.

Perpetual, five guineas.

LECTURES.

Surgery.—Mr. Riadore one course, three guineas; perpetual, five guineas.

Midwifery.—Mr. Jewell, one course, three guineas; perpetual, five guineas.

SOUTH LONDON DISPENSARY,
No. 1, *Lambeth Road.*

DISPENSARY PRACTICE.

Dr. Roberts and Dr. Wilmot, receive gentlemen to attend their practice on the following terms: nine months, six guineas and a half; perpetual, ten guineas.

LECTURES.

Pupils entering to the physicians' practice will have the privilege of attending lectures on the *Principles and Practice of Medicine*, by Dr. Wilmot; and on the *Materia Medica, Pharmaceutical Chemistry, and Medical Botany*, by Mr. George Frauks. A Materia Medica will be always open to the inspection of the pupils. Occasional Examinations will be given.

To those gentlemen who do not enter to the Physicians' Practice, the terms to either of the lectures will be, one course, two guineas; perpetual, four guineas; perpetual to both, six guineas.

GENERAL DISPENSARY,
36, *Aldersgate Street.*

DISPENSARY PRACTICE.

Charge to pupils for nine months' attendance, seven guineas; twelve months, nine guineas; perpetual, twelve guineas.

LECTURES.

Mr. Salmon will, during the session, deliver a Course of Lectures on the *Diseases of the Lower Intestines.*

Mr. Pereira will deliver Lectures on *General and Pharmaceutical Chemistry and Materia Medica, including Medical Botany.* One course, two guineas; two courses, or perpetual, four guineas. Pupils entering to both courses will be admitted on the following terms: one course of each, four guineas; two of each, five guineas; perpetual to the whole, six guineas.

Examinations will be held during the progress of the course.

WESTMINSTER GENERAL DISPENSARY.
32, *Gerrard Street, Soho.*

DISPENSARY PRACTICE.

Physician's Practice.—Nine months, five guineas; an unlimited period, seven guineas. As perpetual pupil to all the lectures and dispensary at once, ten guineas.

Surgeon's Practice.—Nine months, six guineas; twelve months, nine guineas; perpetual, fifteen guineas.

LECTURES.

Theory and Practice of Physic, Materia Medica and Medical Botany, Dr. Nuttall. Commence on Thursday, Oct. 1st, at nine o'clock, A.M. To be continued Mondays, Wednesdays, and Fridays. For attending the lectures and examinations on the Practice and Theory of Physic: one course, three guineas; two courses, five guineas; unlimited attendance, six guineas. For attending the lectures and examinations on the Materia Medica, and Medical Botany: one course, two guineas; two courses, three guineas; unlimited attendance, four guineas.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY,
60, *King Street, Golden Square.*

LECTURES.

Theory and Practice of Physic, by George Gregory, M.D. These lectures will be delivered on Mondays, Wednesdays, and Fridays, from nine to ten o'clock. The Lectures on Variola and its modifications will be illustrated by a Clinical Commentary on cases in the Small Pox Hospital. The course of lectures on Physic, begins Monday, 5th Ocober, at nine, A.M.

Materia Medica, Medical Botany, and Pharmacy, by John Webster, M.D. These lectures are delivered on Mondays, Wednesdays, and Fridays, from eight to nine o'clock. The lectures are illustrated by as extensive collection of specimens and drawings of medicinal plants. A cabinet is always open for the inspection of pupils.

Weekly examinations of pupils in each of these branches of science will take place. The hours of examination and lectures are so arranged, as not to interfere with the lectures on chemistry delivered at the Royal Institution, in *Albemarle Street*, by Messrs. Brande and Faraday. The course of Lectures on Materia Medica, begins Wednesday, 7th October, at a quarter past eight, A.M.

Terms.

For one course of the *Practice of Physic*, 3*l.* 3*s.*; for two courses, 5*l.* 5*s.*; perpetual, 7*l.* 7*s.*

For one course of *Materia Medica*, 2*l.* 2*s.*; for two courses, 4*l.* 4*s.*; perpetual, 5*l.* 5*s.*

For two courses of the *Practice*, with two of *Materia Medica*, 8*l.* 8*s.*; perpetual to both courses, 10*l.* 10*s.*

Pupils are admitted to attend the medical practice of the St. George's and St. James's Dispensary, and of the Small Pox and Vaccination Hospital, at St. Pancras.

WESTERN DISPENSARY,

Charles Street, Westminster.

DISPENSARY PRACTICE.

Nine months, seven guineas; one year, nine guineas. Clinical lectures on important cases will be given by the physicians.

SURREY DISPENSARY,

Union Street, Borough.

DISPENSARY PRACTICE.

Pupils entering to this institution are entitled to attend every day in the week (Sundays excepted.) Clinical observations upon the cases, and clinical lectures will be delivered by the physicians. Weekly examinations by the apothecary in Materia Medica, Pharmaceutical Chemistry, and the Practice of Physic. Botanical drawings, and a collection of Materia Medica, are kept for the use of the pupils. For six months, six guineas; from six to twelve months, seven guineas; perpetual, twelve guineas.

LECTURES.

Dr. Whiting will deliver his introductory lecture at this dispensary, on Thursday, the 1st of October, at five, P.M.; and will continue his courses at his residence, 250, High Street.

Theory and Practice of Medicine.—Tuesdays, Thursdays, and Saturdays.

Materia Medica and Botany.—Mondays, Wednesdays, and Fridays. For one course, on either subject, three guineas; on both subjects, five guineas; two courses, five guineas; on both subjects, eight guineas; perpetual, eight guineas; on both subjects, ten guineas. The lectures on the Materia Medica will be illustrated by dried plants, botanical drawings, and specimens of drugs. A cabinet is kept for the inspection of pupils.

PUBLIC DISPENSARY.

Bishop's Court, Chancery Lane.

Twelve months' attendance, seven guineas.

THEATRE OF ANATOMY,

No. 8, *Hatton Garden.*

DISPENSARY PRACTICE.

Medical and Surgical Practice of City Dispensary, nine months, seven guineas.

The Clinical Practice of the above-mentioned Dispensary offers very extended advantages, the number of patients received into them annually amounting to 5000. The theatre being within three minutes' walk of St. Bartholomew's Hospital, convenience is afforded to students for attending that excellent institution.

LECTURES.

Anatomy, Physiology, Pathology, and Surgery; Mr. Greville Jones. Commencement, Friday, October 2, at half-past two o'clock. First course, four guineas; second, and succeeding courses, each, three guineas; Demonstrations, one course, three guineas; perpetual to lectures and dissections, twelve guineas.

Theory and Practice of Medicine: Dr. Uwins. Commencement, Monday, October 5, at half-past three o'clock. First course, three guineas; second course, two guineas; perpetual, six guineas.

Midwifery, and the Diseases of Women and Children; Mr. Shipman and Mr. Eccles. Students, when duly qualified, will be furnished with an unlimited number of obstetric cases. Commencement, Friday, October 2, at half-past three o'clock. One course, two guineas; two courses, three guineas; perpetual, five guineas.

To pupils entering at once to all the lectures, a reduction in these terms will be made, and some instruction in the Latin language afforded.

In addition to his lectures, Mr. Jones will give, every morning, Anatomical Demonstrations, and will superintend the performance of dissections and surgical operations, and the delivery of demonstrations by his pupils. The United Lecturers will make weekly examinations of such students as choose to conform to the discipline recommended; and as the season advances, occasional *converzationes* will be held, which will furnish the more advanced with the most recent discoveries in Physiology, in

Comparative Anatomy, and other collatera branches of a first-rate medical education The use of an extensive medical library will be allowed, under proper restrictions.

MEDICAL SCHOOL,

Little Dean Street, Soho Square.

LECTURES

Commence on the 1st of October.

Anatomy and Physiology, with Demonstrations and Dissections; Mr. Smith. One course, five guineas; two courses, eight guineas; perpetual, ten guineas.

Nature and Treatment of Diseases, with the Disorders of Warm Climates; Dr. Copland.

Principles and Practice of Surgery; Mr. Alcock.

Materia Medica, Pharmacy, and Medical Botany; Dr. Wilmot.

Principles and Practice of Midwifery; by Dr. Hopkins.

Medical Jurisprudence; by Dr. Wilmot.

Dispensary Practice attached to the school, where practical instructions are given.

Examinations on each of the lectures.

MEDICAL SCHOOL,

58, *Aldersgate Street.*

LECTURES.

Anatomy, Physiology, and Operations of Surgery, by Mr. Frederick Tyrrell and Mr. King, daily, at half past two o'clock. For a single course, five guineas; for two courses nine guineas; unlimited, ten guineas.

Demonstrations and Dissections, by Mr. King and Mr. S. R. Evans, daily, at nine o'clock. For a single course, three guineas; unlimited, ten guineas.

Principles and Practice of Surgery, by Mr. Frederick Tyrrell, Tuesday and Friday, at seven o'clock. Additional lectures will be given on Ophthalmic Surgery. For a single course, three guineas; unlimited, five guineas; perpetual entry to anatomy, dissections, and surgery, twenty-one guineas. Examinations on anatomy will be held twice in each week, and once in the week on surgery, during the second course.

Theory and Practice of Medicine, by Henry Clutterbuck, M.D., Monday, Wednesday, and Friday, at ten o'clock. For a single course, four guineas; for two courses, six guineas; unlimited, seven guineas.

Chemistry and Pharmacy, by Mr. J. T. Cooper, Tuesday, Thursday, and Saturday, at eleven o'clock. For a single course, four guineas; unlimited, six guineas.

Materia Medica, Medical Botany, and Therapeutics, by C. J. Roberts, M.D., Tuesday, Thursday, and Saturday, at ten o'clock. For a single course, three guineas; for a second course, two guineas; unlimited, four guineas.

Midwifery and Diseases of Women and Children, by Mr. Waller, Tuesday, Thursday, and Saturday, at a quarter past six o'clock in the evening. For a single course, three guineas; for two courses, five guineas; unlimited, seven guineas; perpetual entry to Chemistry, Materia Medica, and Midwifery, fourteen guineas; entry to the courses, certificates of which are required at Apothecaries' Hall, twenty-six guineas; entry to the courses, certificates of which are required at the College of Surgeons, thirty-five guineas.

The above Lectures are so arranged, as not to interfere with one another, nor with attendance on the Practice at the Hospitals. Prizes in each department will be given towards the close of the session.

THEATRE OF ANATOMY AND MEDICINE,

Webb Street, Maze Pond.

LECTURES

Commence on Thursday, October 1, 1829.

Anatomy and Physiology, by Mr. Grainger and Mr. Pilcher, daily, at two o'clock.

Mr. Grainger will deliver the introductory lecture at a quarter past eleven o'clock. Demonstrations and dissections, as usual. Lectures and dissections: single course, 5*l.* 5*s.*; two courses, 8*l.* 8*s.*; perpetual, 10*l.* 10*s.*

Examinations will be held weekly.

Principles and Practice of Physic, by Dr. Armstrong and Dr. Boott, on Mondays, Wednesdays, and Fridays, at four o'clock in the afternoon. The first lecture will be given on Friday, October the 2d. One course, 4*l.* 4*s.*; two courses, 6*l.* 6*s.*; perpetual, 8*l.* 8*s.*

Materia Medica and Botany, by Dr. Boott, on Tuesdays, Thursdays, and Saturdays, at a quarter before ten in the morning, One course, 3*l.* 3*s.*; two courses, 4*l.* 4*s.*; perpetual, 5*l.* 5*s.* The lectures on Materia Medica will be illustrated by specimens of drugs, at each lecture, by various prescriptions, and by tables of doses for children as well as adults. A large cabinet is likewise fitted up with good and bad specimens of every medicine now in use, and with botanical drawings; all of which will be open to the daily inspection of those students who attend this course of Materia Medica. The botanical lectures to be delivered on Saturday in each week.

Principles and Practice of Midwifery, and the Diseases of Women and Children, by Dr. Hopkins, on Tuesdays, Thursdays, and Saturdays, at four o'clock in the afternoon. Single course, 4*l.* 4*s.*; two courses entered together, *6l. 6s.*; perpetual, *7l. 7s.* The great advantage to be derived from these lectures will be, the extensive field of practical instruction which Dr. Hopkins has it in his power to lay open to his students, and the very frequent opportunities each of them will have of attending cases under his own superintendence.

Chemistry, by Mr. Cooper, on Mondays, Wednesdays, and Fridays, at a quarter before ten in the morning. Single course, *4l. 4s.*; second and every succeeding course, *2l. 2s.*; two courses entered together, *5l. 5s.*; perpetual, *6l. 6s.* Examinations will be held weekly.

THEATRE OF ANATOMY,

37, *Little Windmill Street, Golden Square.*

LECTURES.

Anatomy, Physiology, and Pathology, with Demonstrations, by Mr. E. W. Tuson. Commence Oct. 5th, at half past two o'clock, and continue at the same hour daily. Each course of lectures, with demonstrations, five guineas; perpetual, fifteen guineas; pupils having entered to other lectures on Anatomy, perpetual, ten guineas.

In these lectures, the pupils are made thoroughly acquainted with osteology, before the muscles are commenced; and should any part escape their recollection, a recapitulation and demonstration follow, and thus the several parts composing the human body are taught. Examination of the pupils respecting the parts described in the preceding lectures takes place daily. During the winter season, a course of Operative Surgery is delivered, when each pupil will perform the several operations on the dead body. Arrangements having been made by Mr. Tuson, he can ensure a constant supply of subjects for dissection.

Principles and Practice of Physic, Chemistry, and Materia Medica, by Dr. Sigmond. Commence Oct. 5th, at half past nine in the morning, and be continued Mondays, Wednesdays, and Fridays, until the conclusion of the session. The Lectures on Materia Medica and Chemistry will commence on the 13th, and be continued Tuesday and Thursday, at the same hour. For a single course, Practice of Physic, four guineas; ditto, Materia Medica, three guineas; perpetual to both, and Chemistry, eight guineas.

Principles and Practice of Midwifery, by Mr. Jewel. Commence Oct. 2d, and continue on Mondays, Wednesdays, and Fridays, at eight o'clock in the evening. For a single course, three guineas; perpetual, five guineas.

Numerous cases are provided without any additional expense. To the first case of labour the student is accompanied by Mr. Jewel, or an experienced pupil; and in all protracted and difficult cases, Mr. Jewel attends for the purpose of giving clinical instruction. Each perpetual pupil may have free access to a cabinet of drugs, a work on botany, and a book of prescriptions kept at the Infirmary. Apprentices of practitioners resident in town, will be furnished with cases at times the best suited to their convenience.

Botany, by Mr. Frost. Commence on Saturday morning, Oct. 3d, at half past nine o'clock, and be continued every Saturday at that hour till the conclusion of the course. Single course, one guinea; two courses subscribed for at the same time, one pound eleven shillings and sixpence; three courses, ditto, two guineas.

Mr. Frost will be glad to afford students every opportunity of visiting botanical gardens.

THEATRE OF ANATOMY,

Great Windmill Street.

LECTURES.

Anatomy, Physiology, Pathology, Surgery, and Demonstrations.—Mr. Mayo and Mr. Cæsar Hawkins commence on the 1st of October.

A lecture is given daily, from half-past two o'clock till half-past three. Dissections and anatomical demonstrations daily, from the 10th of October, at ten minutes after eleven in the forenoon, by Mr. Mayo or Mr. Hawkins. Examinations held twice a week. Admission to the dissecting-room, from eight o'clock till two. Terms for anatomical lectures:—First course, five guineas; second course, four guineas; third course, three guineas; perpetual, ten guineas. Terms of demonstrations and dissections:—First course, three guineas; second course, three guineas; third course, three guineas; fourth course, three guineas; perpetual, ten guineas.

Theory and Practice of Physic, by Dr. Chambers and the Yellow Goth. First course, three guineas; second course, two guineas; perpetual, six guineas.

Materia Medica, by the Yellow Goth. One course, two guineas: perpetual, four guineas. Commence on Monday, October 5th, at nine o'clock, A.M. To be continued Monday, Wednesday, and Friday, at the same hour.

The lectures on *Materia Medica, Therapeutics, and Medical Botany*, on Tuesday, October 6th, at a quarter past ten o'clock, A.M., and continued Tuesday, Thursday, and Saturday, at the same hour.

Theory and Practice of Surgery, by Mr. Brodie. First course, three guineas; second and third, each two guineas; perpetual, five guineas.

Midwifery and Diseases of Women and Children, by Mr. Stone, alternately with Dr. Henry Davis. Commence Wednesday, October 7th, at a quarter past ten in the morning. First and second courses, three guineas: third and every subsequent course, two guineas; perpetual, ten guineas.

Botany, by Mr. Gilbert Burnett.

SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

Dean Street, Borough,

LECTURES.

Anatomy and Physiology, daily at eight o'clock, A.M.; Mr. Sleigh. Introductory lecture at eight o'clock, P.M. on Friday. One course, five guineas; perpetual, ten guineas.

Anatomical Demonstrations; Mr. T. D. Hawker.

Theory and Practice of Medicine; Dr. Ayre. Mondays, Wednesdays, and Fridays, at four o'clock, P.M. Introductory lecture, on Friday, at four o'clock, P.M. One course, four guineas; perpetual, eight guineas.

Principles and Practice of Surgery, by Mr. Sleigh. One course, four guineas; perpetual, eight guineas.

To pupils entering to the foregoing lectures, a free admission will be given to attend the medical and surgical practice of the hospital, and to the clinical lectures to be delivered twice a week.

Materia Medica, Chemistry, and Botany; Dr. Epps. Introductory lecture, October 3, at seven, P.M. One course on Materia Medica, two guineas; one course on Botany, one guinea. A cabinet is kept—dried plants and plates. One course on Chemistry, three guineas; two courses, five guineas; perpetual to Materia Medica, Chemistry, and Botany, seven guineas.

Anatomy and Surgery.

Mr. Carpue, 72, Dean Street, Soho. Lectures on Surgery, commencing on Thursday, Oct. 1st, and continuing every day at nine clock.

Anatomy and Surgery.

Mr. Dermott, 9, Gerrard Street, Soho, (Westminster Dispensary.) Lectures on Anatomy, Physiology, and Surgery. Perpetual to the lectures, demonstrations, dissections, and examinations, inclusive of every thing except the bare expense of subjects, ten guineas. For one course of the above, five guineas. Private courses of catechetical instruction, five guineas. Hours of lecture, from seven to eight, A.M.; and half-past three, to half-past four, P.M.

Materia Medica.

Mr. Maugham, No. 1, Baden Place, Crosby Row, King Street, Borough.—On Chemistry and Materia Medica, every Tuesday, Thursday, and Saturday, at half-past six in the evening, commencing on Saturday the 3d of October. One course, four guineas; two courses, paid for at once, six guineas; perpetual, seven guineas. Examinations twice a week. A cabinet, containing specimens of drugs, chemical preparations, botanical plates, &c., will be open to the pupils.

Cutaneous Diseases.

Dr. A. Smith, 12, Bloomsbury Square.—On Cutaneous Diseases, every Tuesday and Thursday, at nine o'clock, A.M. Three courses during the year; each course, three guineas.

Surgical Lectures.

Mr. J. Howship, 21, Saville Row.—On the Principles and Practice of Surgery. These lectures commence on the first Monday in October, at seven in the evening, and will be continued every Monday, Wednesday, and Friday. One course, three guineas; perpetual, five guineas.

Practice of Physic and Botany.

Sir G. Tuthill, M. D., at 24, Cavendish Square.—On the Practice of Physic, Chemistry, Materia Medica, and Medical Botany, every morning at a quarter past eight. One course on the Practice of Physic, or on Chemistry, Materia Medica, and Medical Botany, five guineas; one course of all the lectures, eight guineas; perpetual, sixteen guineas Examinations, daily.

Practice of Physic.

Dr. G. F. Collier, 32, Spring Gardens.—On the Principles and Practice of Medicine, Monday, Wednesday, and Friday, ten, A.M. One course, of four months, four guineas; two courses, of eight months, six guineas; perpetual, eight guineas. On Materia Medica, Pharmacy, and Botany; Tuesday and Thursday, ten, A.M. One course, of four months, three guineas; two courses, of eight months, five guineas; perpetual, seven guineas.

Midwifery.

Dr. Thomas Leigh Blundell, 75, Bartholomew Close. Lectures on Midwifery and the Diseases of Women and Children. Commence Thursday, October 1st, at nine P.M. Each course, two guineas. Pupils, when qualified, supplied with cases gratuitously.

Dr. Ley. Lectures at the Middlesex Hospital. Midwifery, and Diseases of Women and Children. Commence in the beginning of October, at a quarter past ten, A.M. First course, three guineas; second course, three guineas; third, and every subsequent course, two guineas; two courses subscribed for at once, five guineas; perpetual pupil, ten guineas.

The student, when properly qualified, will have ample opportunities of attending labours.

Gentlemen settled in London will be considered as perpetual for 5*l.* 5*s.*; and such gentlemen as have actually served in the army or navy, will have the privilege of attending on the same terms.

Dr. Power, at No. 4, Great Queen Street. Midwifery. Tuesdays, Thursdays, and Saturdays, at four o'clock in the afternoon. The pupils will have the benefit of seeing cases. For one course, three guineas; for two courses, five guineas; perpetual, seven guineas.

Dr. Robert Lee, 24, Argyll Street. Lectures on Midwifery, and the Diseases of Women and Children. Commence on Tuesday, the 6th of October, at eight o'clock in the evening.

The Ear.

Mr. Curtis, 2, Soho Square. Lectures on the Anatomy, Physiology, and Pathology of the Ear, and the Medical Treatment of the Deaf and Dumb. Commence Thursday, October 1st. The Royal Dispensary for Diseases of the Ear is open to pupils.

Practice of Physic and Midwifery.

Dr. Ryan, 61, Hatton Garden.—On the Principles and Practice of Medicine and Midwifery, in October, February, and May, at eight in the morning. Principles and Practice of Medicine, one course, three guineas; two courses, five guineas; perpetual, six guineas. Midwifery, one course, three guineas; two courses, five guineas; perpetual, six guineas. Single course of all the lectures, seven guineas; two courses of the same, ten guineas. Examinations daily.

Practice of Physic, Chemistry, and Materia Medica.

Dr. Ager, 69, Margaret Street, Cavendish Square.—Lectures on the Theory and Practice of Physic, Chemistry, and Materia Medica, commence on Monday, Oct. 5th, at eight o'clock in the morning. The lectures on the Theory and Practice of Physic, will be continued every Monday, Wednesday, and Saturday; those on Chemistry and Materia Medica, every Tuesday, Thursday, and Saturday, at the same hour. Two courses will be given yearly, each occupying nearly six months. Examinations to prepare the pupil for practice. Theory and Practice of Physic, first course, four guineas; second, three guineas; perpetual, eight guineas. Chemistry and Materia Medica, the same. Single course of all the lectures, seven guineas; perpetual, ten guineas.

COLLEGE OF SURGEONS.

The College of Surgeons requires of a candidate for a diploma, proof of his having been engaged six years, at least, in acquiring professional knowledge, and certificates of having attended not less than,

Three winter courses of lectures on Anatomy.

Two winter courses of Dissection.

Two courses of lectures on the Principles and Practice of Surgery, of three months each, (or one of six months.)

Two courses on the Practice of Medicine, of three months each, (or one of six months.)

One course on Materia Medica and Botany.

Two courses on Chemistry, of three months each, (or one of six months.)

Two courses on Midwifery, of three months each, (or one of six months.)

Attendance on the Surgical Practice of an Hospital during twelve months, or during four years the surgical practice of a recognised provincial hospital, and six months, at least, of a London hospital in addition.

APOTHECARIES' HALL.

Regulations to be observed by Students whose attendance on Lectures commenced BEFORE *January* 1, 1829.

Every candidate for a certificate to practise as an Apothecary, will be required to possess a competent knowledge of the Latin language, and to produce testimonials of having served an apprenticeship of not less than five years to an apothecary, of having attained the full age of twenty-one years, and being of good moral conduct.

Those whose attendance on lectures commenced *prior* to the 1st of February, 1828, will be admitted to examination after an attendance on one course of lectures on Chemistry; one course on Materia Medica; two courses on Anatomy and Physiology; two courses on the Theory and Practice of Medicine; and six months Physician's Practice at a hospital, or nine months at a dispensary.

Those who began to attend lectures subsequently to the 1st of February, 1828, and previously to the 1st of October, in the same year, will only be admitted to examination after the following course of study, viz., an attendance on one course of lectures on Chemistry; one course on Materia Medica and Botany; two courses on Anatomy and Physiology; two courses on the Theory and Practice of Medicine, to be attended subsequently to the lectures on chemistry and materia medica, and to one course at least of anatomy; and six months, at least, Physician's Practice at a hospital, or nine months at a dispensary: such attendance to commence subsequently to the termination of the first course of lectures on the principles and practice of medicine.

Those whose attendance on lectures commenced on or after the 1st of October, 1828, and previously to the 1st of January, 1829, will be required to produce testimonials of having attended two courses of lectures on Chemistry; two courses on Materia Medica and Botany; two courses on Anatomy and Physiology; two courses of Anatomical Demonstrations; two courses of lectures on the Theory and Practice of Medicine: to be attended subsequently to one course of lectures on chemistry, materia medica, and anatomy; and six months, at least, the Physician's Practice at a hospital, (containing not less than sixty beds,) or nine months at a dispensary: such attendance to commence *subsequently* to the termination of the first course of lectures on the principles and practice of medicine.

Students are earnestly recommended, in addition to the above-mentioned lectures, to attend clinical lectures, and also lectures on midwifery and the diseases of women and children, on the latter of which subjects, as an important part of medical practice, they will be examined.

The examination of the candidate will be as follows:—1. In translating grammatically parts of the Pharmacopœia Londinensis and Physicians' Prescriptions; and after the 1st of January, 1831, candidates will be required to translate portions of the following medical Latin authors, viz., Celsus de Medicinâ, or Gregory Conspectus Medicinæ Theoreticæ; 2. In Chemistry; 3. In Materia Medica; 4. In Botany; 5. In Anatomy and Physiology; 6. In the Practice of Medicine.

Regulations to be observed by Students whose attendance on Lectures commenced SINCE *January* 1, 1829.

Every candidate for a certificate to practise as an Apothecary, will be required to possess a competent knowledge of the Latin language, and to produce testimonials of having served an apprenticeship of not less than five years to an apothecary, of having attained the full age of twenty-one years, and being of good moral conduct.

Two courses of lectures on Chemistry; two courses on Materia Medica, Therapeutics, and Botany; two courses on Anatomy and Physiology; two courses on Anatomical Demonstrations; two courses on the Theory and Practice of Medicine: to be attended subsequently to one course on chemistry, materia medica, and anatomy; two courses on Midwifery, and the Diseases of Women and Children; and nine months, at least, the Physician's Practice at a Hospital (containing not less than sixty beds,) or twelve months at a dispensary: such attendance to commence subsequently to the termination of the first course of lectures on the principles and practice of medicine.

Students are, moreover, earnestly recommended to attend clinical lectures, and diligently to avail themselves of instruction in morbid anatomy and forensic medicine.

N.B. Physicians' pupils, who intend to present themselves for examination, must appear personally at the beadle's office, in this Hall, and bring with them the tickets authorising their attendance on such practice, as the commencement thereof will be dated from the time of such personal appearance. No testimonial of attendance on lectures on the principles and practice of medicine, delivered in London, or within seven miles thereof, will render a candidate eligible for examination, unless such lectures were given, and the testimonial is signed, by a fellow, candidate, or licentiate of the Royal College of Physicians of London.

ANEURISM OF THE ARTERIA INNOMINATA.

MRS. DENMARK'S CASE.

IN a letter addressed to the Editor, dated December 15th, 1827, Dr. Barry requested us to retain in our possession, copies of the notes which he had taken of two "careful examinations" of Mrs. Denmark's chest. The following are the Doctor's words:—

"You will be kind enough to keep these papers in your possession, and not to publish them until all apprehension shall have ceased, as to the possibility of Mrs. Denmark's mind being affected by an acquaintance with their contents. Whenever this moment shall have arrived, you will be pleased to give them immediate insertion in your Journal."

We accordingly proceed to comply with the Doctor's request; and upon reconsideration, we think it best to republish the whole of the letter in which that request was made. No fact connected with this celebrated case, should be lost or forgotten:—

"*Aneurism of the Arteria Innominata treated by* MR. WARDROP, *by tying the Subclavian Artery.*

To the Editor of THE LANCET.

SIR,—Mr. Wardrop in his last communication to you,* on this most interesting and important case, seems displeased that I did not enter more fully into its history, in the observations which I had lately the honour of submitting to the Westminster Medical Society, on the subject of "internal aneurism."* He accuses me of having given "a very imperfect statement" of it; a statement which, he says, he is anxious "may not mislead the public."† Mr. Wardrop is, perhaps, offended, that I did not express, in more unqualified terms, my conviction of the perfect propriety, and complete success of his operation. I felt that I had strong motives for my reserve on these points, and am sorry that Mr. Wardrop has not known better how to appreciate them. The subject of my speech was internal aneurism *generally*, a subject which some very recent events had rendered of more than common interest. In illustrating this, I stated no more of Mrs. Denmark's case than what I thought would be favourable to Mr. Wardrop's declared views of it. I abstained from bringing all the facts of it, as I had observed them, before the meeting. 1st. Because it might have been construed into a breach of confidence in me, to have availed myself of the private professional communications which I had with Mr. Wardrop on this subject, either for the purpose of combating his views in public, if they happened to differ from my own, or for the purpose of anticipating him in their promulgation, if I had happened to adopt them. 2dly. Because I knew that my opinions would be published, might reach the ears of the patient, and perhaps produce doubts in her mind as to her own safety; doubts which Mr. Wardrop's statements in your Journal, have been hitherto so well calculated to keep at a distance. Although Mr. Wardrop's unprovoked attack upon me, (which I felt no reason to anticipate,) may be justly considered to have absolved me from, at least, a part of these ties, I shall still continue to be bound by them, and shall therefore withhold from the public, for the present, any further details of my own impressions as to this case, than those contained in my letter to Mr. Wardrop, already published,‡ and in my speech as reported in The Lancet. The *lacunæ* which I thus leave, have been so perfectly filled up by Mr. Wardrop's last report to you, that there can no longer exist any danger of the public being misled by me. I must however say, in my own defence, that I feel quite as incapable of using language calculated to mislead, either in this, or any other case, as Mr. Wardrop can be.

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* Vide LANCET, No. 223.

This case, Sir, is already the property of history, and your Journal must be referred to for its annals. It is of the last importance to the profession, and to humanity, that the principles and the application of this bold and novel practice, should be maturely and carefully weighed; that this hazardous operation should be viewed in all its bearings, by other eyes than those of the man whose zeal for the improvement of chirurgic medicine first led him to perform it, but whose cooler judgment may, for a moment, have been dazzled by the brilliancy of the anticipated results.

Under these impressions, I sent to you, on the 10th instant, copies of the notes which I had taken of two careful examinations of this woman's chest. The first examination was made on the 18th of October, shortly after her return from the country. The second was begun on the 7th instant, before I could have seen Mr. Wardrop's last report to you, and has been continued daily up to this date. To each of these I have attached my own diagnosis and prognosis, with some short remarks made on the occasion. You will be kind enough to keep these papers in your possession, and not to publish them until all apprehension shall have ceased, as to the possibility of Mrs. Denmark's mind being affected by an acquaintance with their contents. Whenever this moment shall have arrived, you will be pleased to give them immediate insertion in your Journal, as the only means left to me of proving to the public, that I have taken some pains to prevent their being misled, by anything I may have said, or written, on this subject.

I have the honour to be, Sir,
Your very obedient humble servant,
D. Barry."

26, Welbeck Street,
Dec. 15, 1827.

The following are the notes which we received from Dr. Barry on the 10th of December, and which he requested us to retain. The polemic parts of that communication we omit, at his particular request. In the postscript to a note which accompanied it, Dr. Barry says, "I am anxious that you should have this to-night, as the poor woman is DYING."

This note was dated the TENTH OF DECEMBER, ONE THOUSAND EIGHT HUNDRED AND TWENTY-SEVEN. Mrs. Denmark expired on the ELEVENTH OF SEPTEMBER, ONE THOUSAND EIGHT HUNDRED AND TWENTY-NINE. Dr. Barry, we hope, is not the only physician to whom this case will prove a most instructive lesson.

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* Vide Lancet, 208.

† Ibid 220.

‡ Ibid 223.

Aneurism of the Arteria Innominata.

My first notes of this case were addressed to Mr. Wardrop, and though they contained views opposed to his own, * as to the then state of the aorta, he very candidly published them in your Journal. † In these notes, taken on the 6th July, the day before the operation, *I gave an opinion*, that there was true aneurism of the aorta, as well as of the innominata, and that the case must terminate fatally, but, perhaps, at a very distant period.

The next time I had an opportunity of examining the state of Mrs. Denmark's chest, was on the 18th October. She had been seen in the interval by Mr. Chapman, whose opinions, as expressed by him to Mr. Lawrence, are quoted by Mr. Wardrop in his last report to you. ‡ The following is a copy of the notes of my second examination:—

18th October 1827.—Mrs. Denmark just returned from the country; certainly improved in appearance. She is rather fatter, with a little more colour in her lips, but still looks puffy and cachectic. The wound of the operation has been long healed. The TUMOUR caused by the protrusion of the sternal end of the right clavicle, has DISAPPEARED. The pulsation above this bone is now very little perceptible, but this clavicle appears higher on the root of the neck, than the left. The right carotid beats freely. Pulse at the left wrist strong, full, and difficult to be compressed. (96) *Feels no pain of any kind*, except when she exerts the right arm. *Sleeps, eats, and digests well.*

Chest.—There is a tumour at the upper and middle portion of the sternum, apparently formed by the yielding forward of this bone. An obscure, deep pulsation is felt in it. Percussion affords a dull sound all over this tumour, and also over the sternal end of the right clavicle, where tenderness is still complained of.

The stethoscope discovers a strong impulse, with a sharp sound, synchronous with the beat of the radial artery. No impulse is felt over the heart on the left side. Respiration considerably more embarrassed than at any former examination. Dyspnœa increased by exercise, or by eating flatulent food.

Diagnosis.--ANEURISM of the AORTA, in the COMMENCEMENT of its SECOND STAGE. *

Remarks.—The progress of the arterial dilatation emerging from the chest, being arrested by the ligature of the subclavian, the ascending and arched aorta is now expanding, and PRESSING AGAINST the STERNUM. The pressure against the bronchi, now considerable, will probably be relieved by the yielding, or erosion of this bone. In this case, though the pains have been relieved, and the brachio-cephalic trunk perhaps solidified, from the ligature to the giving off of the common carotid, the *span of life* has, in my opinion, been *shortened.* Had the dilatation been allowed to proceed along the subclavian, the *thoracic organs* would have been left *more room.*

Prognosis.—Death by the progressive aggravation of the present symptoms.

Third examination.—On last Friday morning, the husband of Mrs. Denmark called upon me, and requested me to see her, stating that she was very ill. I proceeded immediately to her lodgings, examined her carefully, and took the following notes:

(Copy) Mrs. Denmark, 7th Dec., 1827. Most distressing dyspnœa, with loud *rattle, exactly resembling that of dying people.* Pulse 104, and full. Countenance anxious, pale, and puffy. Depression of her usual courage, expectoration of frothy spittle.

Heart.—Heard with difficulty over the left precordial region.

Percussion.—Sound natural, except where the sternum is elevated at its upper middle portion, towards the right side, and below the sternal end of the right clavicle. In these places there appears to be a solid body, or a bag of liquid with thickened walls underneath. The *heart seems displaced* by being *pushed towards* the *upper*

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* Lancet, No. 202. † Lancet, No. 208. ‡ Lancet, No. 223.

* From Mr. Wardrop's account of the dissection, published in our last number: "*Aorta.*—The only change to be perceived was, that the coats had a deeper tinge of yellow than natural, rather thicker, and had a few small points of ossification. The size of the artery natural."—Lancet, page 790.

part of the *chest*, under the elevation of the sternum. There the impulse is felt, and the double sound is audible. These sensations, however, may be afforded by the *interposition* of the *aneurismal bag*, between the heart and the ear.

Diagnosis.—FALSE CONSECUTIVE ANEURISM of the ascending and arched AORTA *much increased* since last examination. Aneurism of the innominata, as far as the carotid.

Prognosis.—Rapid progress to dissolution, which may now occur at *any moment.*

8th. Has been bled *ad diliquium*, and is much relieved. She states that this is the fourth bleeding since her return from the country.

10th. Mrs. Denmark is, (I am just informed by her husband,) quite as ill as she was on Saturday. Ordered cupping etween the shoulders.

D. BARRY.

26, Welbeck Street,
10th Dec., 1827.

CORONERSHIP OF LONDON.

A REPORT has appeared in the papers of the week, that Dr. BIRKBECK has offered himself as a candidate for the vacant Coronership of the city of London. The statement is incorrect.

THE LATE MRS. CHARLOTTE, PHILLIPS OF FINCHLEY.

AN inquiry into the extraordinary circumstances attending the death of this lady, is appointed to take place before the Magistrates of Bow Street, on Wednesday morning next. The first glance at the report of the Coroner's Inquest, assured us that such a proceeding, at least, would be one of the consequences of the catastrophe.

THE medical practitioners of the western part of the county of Cork, have formed a society under the denomination of the "WESTERN MEDICAL SOCIETY," which is open to all medical and surgical practitioners of the county and city of Cork, to become constituent members until the 1st of January next, after which time, any practitioner wishing to become a member, must be balloted for. We hope to be put into possession of the objects and proceedings of this institution, as our brethren of the sister kingdom shall at all times have a share of our attention in every measure that may tend to the general improvement of the profession, and the advancement of medical science. The first meeting of the Society was held on Thursday the 10th instant, at which the professors of Trinity College, Dublin, were unanimously elected honorary members.

PROCESS AND HISTORY OF LITHOTRITY.

By D. O. EDWARDS, *Esq.*

[*For The Lancet.*]

CONSIDERABLE misapprehension seems to exist in the public mind, with respect to the origin, construction, and application, of lithonthryptic instruments; and I fear the merit of the distinguished foreigner, who has lately introduced them into this country, is not duly appreciated. That it is desirable to possess these instruments in their most perfect state, and to have them manœuvred by the most skilful operator, will not be denied; and I shall therefore rest on this ground as an apology for again inviting public attention to the labours of M. Heurteloup.

It has been the fate of almost every invention, since the first formation of society, to be received with suspicion and jealousy by a great portion of mankind; and many discoveries, which have since conferred important benefits on the community, have been repudiated, at their first announcement, as visionary innovations. What more pointed illustration of this assertion can be afforded, than the instance of the illustrious Harvey, whose discovery of the circulation of the blood was not generally acknowledged until after a lapse of nearly forty years?

This indisposition to acknowledge contemporary merit, is perhaps analogous in its effects to the pride of aristocratic families. These regard with dislike the intrusion of plebeian adventurers within their privileged ranks; and many of the elder, and consequently influential surgeons, who may view the new operation with contempt, as the offspring of the present day, will perhaps regard it in a more favourable light, when convinced that it has sprung in a great measure from the "wisdom of our ancestors." I shall, for this reason, attempt an analysis of the lithonthryptic process, and by producing the pedigree of its different parts, endeavour to ensure a favourable reception of the whole.

It is but natural, in the patriarchs of our profession, to entertain a kind of affection, for the axioms and usages of their youth; and to these early associations I would fain attribute the feeble patronage which has been afforded to the exertions of Baron Heurteloup; for what individual, imbued with any love of his profession, can entertain so humiliating an idea, as that a large body of surgeons can be influenced by such unworthy motives, as avarice, or national jealousy.

The lithonthryptic process may be analysed into these principles: the injection of the bladder; the dilatation of the urethra; the reducing this canal to a straight line; the seizure of calculi in the bladder; their destruction by mechanical means in that organ; and the subsequent expulsion of the fragments in the stream of urine.

It appears from the earliest annals of medicine, that calculous affections of the urinary bladder were amongst the first to excite the attention of medical men, and to prompt them to devise means for their alleviation or cure. As soon as surgeons had learned to ascribe the symptoms of stone to their true cause, it is probable the most obvious remedy, that of acting on the calculus by the natural channel of the urine, would suggest itself; and in this manner, the very means, the discovery of which confers honour on surgery in its meridian, would have occupied the attention of surgeons in the dawn of the science. At any rate, the removal of so abundant a source of human misery, must have furnished food for reflection to the contemplative surgeons of every age. But to proceed with my genealogy:

1. *Injection of the Bladder.*—The earliest author that treats of injecting fluids into the bladder, is T. Baronius, who wrote in 1614. He says, "In vesicam etiam siphonem possunt commodè infundi medicamenta dolorem lenientia," and also recommends injections, such as lemon juice and goat's blood, for dissolving the stone.

The celebrated Hales formed an instrument, consisting of two canulæ, one moving within the other; with this he conveyed various solvents into the bladders of animals, and further proposed the adoption of a similar plan in the human subject.

Langrish, in 1746, threw into the bladder of a dog warm water injections, qualified with a weak solution of pure potass, without producing any inconvenience; and we are told by Dr. Whytt, that a Mr. Campbell made a similar injection into the bladder of a child three years old, and who retained the fluid four hours, without detriment.

Mr. Butler, in the year 1753, invented an instrument consisting of a bladder and an ivory pipe, four or five inches in length, for the purpose of facilitating the entrance of the liquid into the bladder.

In 1754, Dr. Rutherford made trial of this apparatus on a Highlander, in the royal infirmary at Edinburgh. The presence of a large stone having been ascertained by the sound, four or five ounces of lime-water were injected, morning and evening, and he was also made to use this solution as a common beverage. At the end of four months, the pains had entirely gone, and the sound did not indicate the existence of any foreign body.

More recently, Fourcroy and Vauquelin have recommended the process of throwing solvents into the bladder, and they state that "acrid liquors have often been injected into that viscus without any ill consequences."

Baron Percy has declared, at one of the sittings of the Academy of Surgery, that he had in his youth entertained the idea of forming a purse, or pocket, in which the stone might be enveloped, in such a manner as to defend the bladder from the action of powerful solvents, but that he soon abandoned the attempt as visionary.

Within these few years, M. Civiale projected a plan for effecting the solution of urinary calculi, by including them in a kind of sack or purse, of which he has given a design, but he was arrested at the same point as M. Percy, the difficulty of finding a substance having suitable properties. The contrivances of Gruithuisen for producing the solution of calculi by injections, have been briefly alluded to in my former letter.

2. *Dilatation of the Urethra.*—The escape of small stones through the urethra, which occasionally occurs, would naturally suggest the dilatation of this canal as a means of facilitating their passage; and, in truth, this method was long known and generally practised by the Egyptians. Prosper Alpinus, in his work "De Medicina Egyptiorum," describes this operation: "They have canulæ of different calibres, or syringes made of extensible cartilage; having introduced the most elastic of these into the bladder, they inflate it to the utmost with the mouth; a second and thicker one is then passed within the other, and inflated in the same way; the inflation is thus repeated with a third and a fourth tube, until the canal should be so much distended, as that the easy passage of the stone may be effected. The patient is then placed in a proper posture, and the finger introduced into the rectum, by which the calculus is tilted forward to the neck of the bladder,

and pushed into the distended canula; this being effected, the air is to be exhausted from the innermost tube, and all the canulæ drawn out, together with the stone." Alpinus saw an Arabian physician take out, in this manner, calculi of from the size of a hazel nut to that of an olive.

Notwithstanding the publication by Prosper Alpinus of these facts, the dilatation of the urethral canal in man remained a long time without application. The greater number of old authors who have spoken of it, have merely repeated the observations of Alpinus. More recently, however, the advantages of dilatation have beeu perceived, the catgut bougies of Le Dran, and more lately still, gum elastic catheters have been substituted for the inflation of the Egyptians. When the dilatation is sufficieutly effectuated by these instruments, the patient is to withhold his urine, to lean forward, and the catheter is to be suddenly withdrawn, when the gush of urine carries away the calculus.

The distention of the female urethra has been frequently practised, and concretions of enormous size extracted. Stromani, in 1599, relieved in this manner a lady at Vienna of a stone as large as a hen's egg. Paulus Franco employed for this purpose a two-branched instrument, which he named *dilator*, and which was articulated like a pair of forceps. This dilator was subsequently used by Tolet and Sabatier, but the distensive force being occasionally applied too abruptly, laceration has taken place, and incontinence of urine has been the consequence. These inconveniences led to the abandonment of the dilator, and the adoption of means calculated to produce a slow and gradual expansion. A cœcal appendix introduced into the urethra, and distended with water, served with the late Mr. Bromfield as a means of extracting a calculus from the bladder of a young girl. Sponge-tents have of late been generally used, but are likely to be superseded in their turn by Franco's dilator, which has been again adopted by Sir Astley Cooper.

3. *The Reduction of the Urethral Canal to a Straight Line.*—It is clear that Celsus was unacquainted with the possibility of effacing the curve of the urethra, from his description of catheters, as "incurvas paululum fistulas, sed magis in viris." Albucasis gives a plate of a straight catheter, with three "cuspides," but as his observations on catheterism evidently apply to the curved instrument, it is believed he never used it.

Lieuttaud, who has been styled the Cullen of France, appears from his "Precis de Medecine Pratique," published at Paris in 1769, to be the first surgeon who announced the possibility of penetrating with a straight tube into the area of the bladder. He says, "I can assert, from the knowledge I have of these parts, both in health and disease, that there is no case, except where a stone is obstructed in the urethra, in which a *straight staff* may not be conducted by a moderately expert hand with facility into the bladder."

Mons. Montaign announced at Paris, in 1810, the fact of his having entered the bladder with a straight instrument, but he did not deduce from this any practical consequences.

The possibility of effacing the curvature of the male urethra, was also demonstrated by the Bavarian counsellor of medicine, M. Von Gruithuisen. After giving an account of his various schemes for the destruction of calculi, that ingenious writer proceeds: "All our means are founded on the possibility of sounding male subjects with a straight catheter; but so strong is the force of the ancient rule, which requires that a catheter should imitate the curve of the urethra, that many practitioners cannot conceive it possible to introduce a straight souud into the virile bladder, and have pronounced it to be absolutely impracticable. To this I reply, it may well be practicable, for it has been already atchieved; I myself have introduced without difficulty, into the bladders of two living men, a tube of glass, rounded at its extremity, perfectly straight, and of from three to four lines' diameter. I have done the same on the dead body, and I assert, that it is much more easy to sound the bladder with a straight than with a curved catheter. I have acquired this conviction from many experiments performed in private. I spoke of it, but I found none but deaf ears. To confound the incredulous, I resolved to prove my assertion by a public experiment, and practised catheterism with a straight tube, upon a man thirty years old, at a public meeting; and in the preseuce of five distinguished professors. I obtained in this case, without any preparatory attempt, a dilatation of three lines and a half. From that time all doubts have been dissipated."

He next describes his mode of proceeding: "The patient being upright, I introduce the sound, or catheter, in such a direction, as that the part of the instrument which I hold in my hand, should make with the horizon an angle of 50 degrees. In proportion as I bury the instrument, I diminish this angle, until having arrived at the bulb of the urethra, the sound assumes a horizontal position; giving then sharply to my instrument a new inclination of 50 degrees below the horizon, I arrive at the prostate. Nothing now remains but after a short pause to impel it into the bladder."

In 1822, this principle was demonstrated in Paris by Dr. Amussat, and subsequently acted upon by Le Roy, Civiale, and others.

4. *The Seizure of Calculi in the Bladder.*—Many instruments have been designed for the purpose of seizing stones, both in the meatus urinarius and the bladder, and subsequently extracting them entire. Sanctorius, in his commentaries on the works of Avicenna, written in 1626, mentions a pincers with three branches, which he introduced shut, through the urethra into the bladder; when arrived there, the digits, or talons of the instrument, were opened by means of a stiletto, which slid in the interior of the tube. The stone was first apprehended by the talons just mentioned, and then drawn out. If the surgeon experienced any difficulty in laying hold of the calculus, he was to produce a vacuum in the tube, with a syringe, or syphon, and thus attract it within the branches of the instrument.

Johannes Germanus, a surgeon, is mentioned by Severinus as having invented pincers analagous to those of Sanctorius.

The pincers of Hales, subsequently named after Hunter, were destined to remove small stones entangled in the urethra; and Desault, by adding to their length, afterwards made them applicable to the seizure and abstraction of substances from the bladder itself. In such circumstances, this is frequently a useful instrument.

Sir Astley Cooper succeeded, some years ago, in taking out from a single bladder, eighty-four calculi about the size of peas. This feat was performed with a two-branched curved pincers, constructed by Weiss.

5. *The Destruction of Calculi by Mechanical means.*—When the different modes, which have just been described, have failed in extracting calculi from the urethra, it has been attempted to fracture them, and extract them piecemeal. Albucasis, it is said, was the first who recommended and put in practice this operation. The instrument which he used is thus described,—"Triangulare sit ad extremitatem, acutum, in ligno fixum." Ambrose Paré, the father of French surgery, succeeded in perforating calculi, obstructed in the urethra, with a gimlet, which was impelled on the stone through a canula; this he named the tire-fond. It is worthy of remark, that this instrument of Paré was straight, and he speaks of comminuting stones, not only in the meatus urinarius, but also at the neck of the bladder; he must, therefore, have been aware of the possibility of penetrating, with a straight tube, beyond the curved portion of the urethra.

Franco also recommends the boring, with an auger, calculi fixed in this canal; and an instance is mentioned, by Haller, of a surgeon named Fischer, drilling a hole in a stone thus situated, and afterwards crushing and extracting it, doing for the calculus in the urethra what Le Dran proposed effecting for the calculus in the bladder, when too large to be extracted entire by the lateral incision.

Haller, in his Bibliotheca Chirurgica, says, that Sanctorius made a model of a catheter with three branches, in which he introduced a rod, armed with an arrow head, for the purpose of fracturing calculi; the fragments are grasped by the "cuspides," and drawn out; but he condemns the idea, by saying, "speculationem puto meram." Dr. Le Roy (d'Etiollé) observes of this description—"If such had been the ideas of Sanctorius, he would not only be the first who invented a plan for breaking calculi in the bladder, but in this respect he was nearly as far advanced as ourselves." To render this instrument of Sanctorius adequate to the destruction of stones in the bladder, it only remained to substitute for the stiletto a metallic rod, armed with a drill, or trepan. Two centuries, however, elapsed, and we only possess records of two attempts to destroy calculi without having recourse to the lithotomic section, and these were not made by surgeons, but by the patients themselves. The first example, which is furnished by M. Percy, occurs in the case of a monk of Citeaux, who succeeded in ridding himself of a stone, by passing into the bladder a flexible catheter, in which slided a steel rod, with a diamond point. Having found the stone, and rested the point of the instrument against it, he struck several smart blows on the handle, with a steel hammer; this was repeated daily, until the stone was entirely worn away.

The second is afforded to us by Dr. Marcett, in the instance of Colonel Martin, of the East India Company's Service. Tormented many years with a urinary calculus, this officer introduced, through a canula, a curved steel file, upon the convexity of which were indented well-tempered serræ; this he made to pass and repass on the stone, until he had reduced it to powder.

M. Von Gruithuisen is the first of our contemporaries who published a system of instruments for the fracture and removal of stones in the urinary bladder. This has been briefly alluded to in a former number of this Journal, and a reference has been made to his plates, published in No. 1310 of *Saltzbourg Med. Chirur. Zeitung*, 1813. Gruithuisen's principal object in constructing these instruments for grasping and boring, was to multiply the points of contact between the stone and the menstruum, which he proposed injecting. Although the brise-pierre of Gruithuisen was found inapplicable, it is but justice to acknowledge the ingenuity of the suggestions conveyed in his memoir, and to render the honour which is due to him for having opened a new career in modern surgery.

In 1819, Mr. John Elderton, of Northampton, published, in the *Edinburgh Medical Journal*, his instrument for destroying calculi, and which consisted of an external and internal canula; the inner slides out of the outer canula, and expands into two branches; a rod, terminating in a file, moves in the interior of the instrument, and is made to act on the calculus, when seized by the branches. Experience has shown this instrument not to have sufficient strength.

Dr. Amussat, in restoring the straight catheter to the arsenals of surgery, opened the way to the invention of an instrument, which he afterwards published under the name of " brise-pierre." This has since been improved into the brise-coque of Baron Heurteloup.

M. Le Roy writes a candid history of his invention. " Whilst the study of the structure of the urethral canal led M. Amussat to the employment of the straight sound, and to the invention of the brise-pierre, I, on my part, pursued the subject, and we travelled on the same road without questioning each other. Persuaded that a curved tube was necessary, I first formed an instrument which bore some analogy to that of Mr. Elderton, with this difference, that in lieu of acting with a file on the surface, I endeavoured to perforate the calculus with a button bristling with spicula; this was supported on a stem, made very thin and flexible at the point, corresponding to the curvature of the catheter. I perceived in this instrument a multitude of imperfections, which nearly drove me to despair, when, in April 1822, M. Amussat promulgated his discovery of effacing the curve of the urethra. This fact, which I, as well as himself, then believed to be new, dispelled the greater part of the difficulty which had arrested me, and a month afterwards (May, 1822) we both presented our lithonthryptic instruments at the same sitting of the Academy of Surgery. Whilst aiming at the same object, we pursued different routes. M. Amussat attempted to crush the stone by the power of his instrument, and I endeavoured to reduce them to powder, by a slower, perhaps, but a more certain action."

M. Le Roy refers here to the " pince lithoprione," in which the seizure of the stone was effected by means of watch springs. With this instrument, Le Roy practised on the dead subject, and made two public demonstrations. The first was witnessed by MM. Beclard, Roux, and Ribes; and the second, by MM. Ducamp, Hervey, and Lagneaux; each time the stone was seized and perforated without injury to the bladder.

On examination of the " vesical" of Franco, and the " tire-balle" of Alphonso Feri induced him to reconstruct his instrument, and the new lithontritor, which has been already described, under the name of " Instrument a trois branches avec un foret simple," was presented to the Royal Academy in April, 1823. A graduated scale is traced on the inner canula of this instrument, and indicates the degree of expansion of the claws, and consequently the size of the stone, when grasped.

In June of the same year, M. Civiale published his *Nouvelles Considerations sur les Retentions d'Urine*, in which work a delineation is given of an instrument designed for the same purpose as that of Le Roy, but having the drill too large to be withdrawn into the area of the canula, and four branches, straight and hinged.

On the 13th January, 1824, M. Civiale first had the courage to operate on the living subject; the second operation was performed on the 4th February; a third on the 2d March; and a fourth in April, by M. Le Roy. The instrument used in these cases by M. Civiale, was not the one published in his own book, but nearly an exact counterpart of the one presented the preceding April, by M. Le Roy, to the Academy of Sciences.

Whilst the confidence exhibited by M. Civiale, in his first essays on the living subject, deserves admiration, it is much to be regretted, that he should not possess sufficient candour to avow his obligations to Le Roy, and should persist in claiming, as his own, an instrument, the invention of which is proved, by the most glaring evidence, and the decision of the Academie Royale, to belong to Le Roy.

6. *Expulsion of the Calculous Fragments in the Stream of Urine.*—The last step of the lithonthryptic process is the expulsion of the " detritus" with the fluid, by the contractile force of the bladder. This will scarce need a demonstration; one or two injections of warm water will suffice to clear out all the particles.

I have thus endeavoured, Sir, to trace the lithonthryptic science to a reputable parentage, in the hope that the merit of its antiquity may, in some degree, soften the obduracy of the sceptics, and induce them to view, with unprejudiced eyes, the efforts of its professors.

To establish, in this kingdom, the reputation of this branch of surgery, is the object of Baron Heurteloup's visit. That no man is better adapted, by his natural and acquired endowments, to effect this purpose, those who have the happiness of being acquainted with him will readily admit. This gentleman, not originally destined for the medical profession, has brought to its cultivation a powerful mind, fraught with various knowledge. His application has been unremitting, and his acquirements are correspondingly extensive and exact. He is minutely acquainted with anatomy, and thoroughly versed in the principles which regulate the phenomena of life in health and in disease. On the pathology of the urinary organs in particular, perhaps no man in Europe possesses a superior fund of information: of this, I am happy to say, the public will have an early opportunity of judging, in a work which he is about to publish, and with a view of some portions of which I have been favoured.

In my former letter I endeavoured to show, that the labours of Dr. Heurteloup had stamped an entirely new character on the science of lithonthripty; in fact, to use the words of Baron Dupuytren, that he had raised it from a species of handicraft to the rank of a science worthy of the study of the philosophic surgeon. As an inspection of the Baron's instrumentis unattainable to the majority of your readers, and as every description of machinery on paper has necessarily some degree of abstruseness, I beg to occupy a little more time in rebutting the objections which have lately, with some effect, I fear, been adduced.

As Dr. Civiale competes with M. Le Roy for the priority of invention, he denies to Dr. Heurteloup the merit of subsequent improvement, and having completely failed in his purpose at Paris, he has sent into this country an agent, for the sole purpose of embarassing the progress of the Baron. Nothing, forsooth, but a complete absorption of all the honour attached to this invention will satisfy the ambition of this gentleman; he must needs be the alpha and omega, the author and perfecter of lithootrity! But I shall attempt to show that his objections to the improvements of Heurteloup are as futile and unfounded as were his pretensions to the original authorship.

It has been already said, that the drill substituted by Civiale for that of Le Roy, was too large to be drawn into the canula; the consequence of this, when the branches are closed round the perforator, is, that the point of the instrument is considerably larger than the main body, and on that account inconvenient to introduce. This instrument is only admissible in cases where the calculus is small, and the bladdder healthy; but when the calculus is large and the organ diseased, it will be seen that its application is highly dangerous. It is an axiom in lithontrity, that the larger the stone is, the nearer will be its vicinity to the neck of the bladder. An incipient calculus is always situated in the posterior part of the trigone, or *bas-fond* of the bladder, but, in its growth, it advances forwards until it is posted in the cervix vesicæ. In a case of this sort, the instrument used by Civiale is inefficient for two reasons, the size, and the position of the body to be extracted. The branches of this instrument expand in proportion to their protrusion from the canula; it is evident, then, that these can be sufficiently widened to gripe a large stone only whilst at the fundus vesicæ. The space contained within the prongs of the three branched instrument, describes an equilateral triangle, each side of the triangle lessens as we approach the canula, so that it becomes impossible to gripe, with this instrument, even a stone of moderate size, when in this position. If the bladder be diseased, which is generally the case after the accumulation of large concretions, this instrument becomes not only useless but dangerous. When, for instance, the bladder is irregularly contracted, and deep rugæ exist, the attempt to manœuvre the instrument, by raising the handle and depressing the point, almost inevitably leads to the pinching and consequent laceration of the vesical tunics. These powerfully elastic branches afford no indication to the operator of the occurrence of such an accident, until it is too late to remedy it.

Dr. Heurteloup, being fully alive to these imperfections, has constructed a system of instruments which seem to obviate the ill consequences just described. The instrument "a trois branches avec le mandrin a virgule," has the advantage of a removeable drill, which acts on stones of from eight to twelve lines in diameter as efficiently as the "mandrin" with eccentric shoulders of Civiale. When the perforation has been effected, a strong file (the virgula) is unfolded to any degree of declension from the head of the drill. The revolution and counter revolution of this, when set in motion by the drill bow, will, in a few seconds, excavate the hardest calculus. I have myself seen it act on a piece of Portland stone. The shell thus formed may, in most cases, be crushed by the united pressure of the mandrin and branches. When this cannot be done, the brise-coque will be found all efficient

The next improvement of the Baron consists in the instrument, or, rather, set of instruments, named the "pince a forceps," which he has designed to answer a variety of purposes. It consists of four branches, shorter than those of the other instrument, less powerfully elastic, moveable either separately or conjointly, and having one of the branches armed with a blunt conical button-like extremity. One of the purposes of this instrument, is the apprehension of stones as large as from one to two inches in diameter, and the performance of this with facility, and without risk of pinching the bladder. Let us suppose a large stone fixed close on the neck of the bladder, that viscus in an irritable and contracted state, and as much water thrown in as it would tolerate. The instrument is introduced, three of the branches are expanded, but the fourth is withheld, so as to leave a full diameter of the circle described by the four points, or a diagonal of the square, opposed to the bulk of the stone; this is now to be grasped by raising the manual, and depressing the vesical extremity of the instrument. The superior branch having, as already described, a smooth and round point, and pressing on the stone some distance from that point, completely obviates every risk of pinching the bladder in this manœuvre. The fourth branch is now thrust forward, and the whole gradually and feelingly closed on the stone to the degree of firmness required. If, nevertheless, a difficulty should occur in the apprehension of the stone, a fine iron rod called "indicateur" is to be introduced through the canula to ascertain the situation of the calculus, and, if necessary, to thrust it backward from the cervix. To assist this proceeding, the head of the bed described in No. 309 of THE LANCET, and consequently the fundus of the bladder, may be depressed.

The stone being once fairly fixed in the claws of the instrument, the process of excavation is to be effectuated by the "evideur." This is an iron rod, terminating in a well-tempered file, which has a ginglymoid joint at some distance from its extremity, and which is actuated by a central stem, and deflected to any angle required; the action of the bow communicated to this, will quickly excavate the calculus. If fragments, however, should escape from the hold of the principal instrument, the "evideur" is to be withdrawn, and a little delicate instrument called the "pince servante," and mentioned in a former number of this Journal, is introduced, and takes up with precision even minute particles. It is amusing to observe the errors into which Messrs. Civiale and Costello have fallen, with respect to these instruments; they confound the whole system of the "pince a forceps," with one of its constituent parts the "pince servante;" and Mr. Costello, in the blindness of his zeal for his patron's service, mistakes the "evideur" for the "mandrin a virgule," and applies to the former the objections which M. Civiale had destined for the latter.

In the instrument which I have just attempted to describe, two principles are involved, the fixation of the stone by tenacula, and its destruction by a drill. In the brise-coque, both the retention and fracture of the stone are performed by the branches only; its action is compounded of sliding and pressing, and quickly destroys the most obdurate calculi. This machine is more particularly adapted to the crushing of the coque or shell formed by the "evideur," and is preferable to the other instruments in the comminution of flat stones, or of a large number of small ones; the principle of this instrument was developed in the brise-pierre of Amussat, but the imperfect construction of that instrument rendered it quite inapplicable. The great facility of working a two-branched instrument, such as the brise-coque, must, *prima facie*, be evident, and, consequently, its superiority in certain circumstances to the three or four branched instruments. The difficulty experienced was to give it power, and, at the same time, prevent it from injuring the surrounding viscus. These intentions, I think, Dr. Heurteloup has fully accomplished, and he has satisfactorily proved the efficiency of his brise-coque by five successful operations.

These explanations would be perfectly unnecessary, could your readers witness the application of these instruments; the consistent delicacy and strength of which, are a mechanical illustration of the "suaviter in modo sed fortiter in re." To a person possessing such opportunities, an exhortation to "look on and be convinced" would be a cogent argument; but as the most futile objections, and absurd assertions, when made on paper, are occasionally taken for sound argument, I thought it necessary to intrude awhile on your attention. If this were not true, how could the gasconade of Mr. Costello, that the instrument "a trois branches" of Civiale, is applicable to stones of twenty-five lines in diameter, be for a moment tolerated.

I cannot but admire the ingenuity of this gentleman in the forlorn effort of "making out a case" for his principal. He has in his letter referred to documents containing a direct refutation of his train of argument, but by a species of mental legerdemain, he has imitated the keen astuteness of the bee, and only extracted such minute portions as seem to tell in his favour. An example of this is afforded in his quotation from the Programme of the Academy of Surgery for June 1826, where he cites the prizes given respectively to MM. Civiale and Le Roy, but omits the ground of Le Roy's prize, namely, PRIORITY OF INVENTION, and makes no mention at all of Dr. Heurteloup's prize for *ingenious perfection*; this, of course, could only result from mere accident.

Baron Heurteloup has now operated on *forty-four* persons, of whom NONE have died, and FORTY-ONE *have been completely cured.* The friends of this gentleman can, therefore, never object to any competition that may be fairly instituted, confident as they are, that his superior skill will bring him out triumphant against any competitor; how much more so then against one who has never performed a single successful operation, and whose instruments are so infinitely inferior!

The editor of the Medical Gazette, however, seems to think a fair competition to be inexpedient, and by an early decision in favour of Mr. Costello, has thrown the whole weight of that heavy journal into the scale against us. But as I am not disposed, Sir, to admit the infallibility of this gentleman, I shall not acquiesce in his sentence. His observations on the claims of Civiale have been sufficiently confuted in the former part of this letter. I shall, therefore, confine my attention to such as affect the merit of M. Heurteloup's improvements. He observes, "It is not one of those valuable accessions to science and the public good, resulting like those of Watt or Davy from direct reasoning, or a wise adaptation of means to the end, nor was it immediately hit upon by a lucky accident." I will not presume to designate this passage as absurd, but as this discovery is neither the effect of design nor of accident, the editor will in a future number, perhaps, say what it is; and, at the same time, inform his readers in what predicament a *wise* adaptation of means to ends results from *direct* reasoning. To uphold the cause of Mr. Costello by such advocacy, is surely to make one blunder the buttress of another.

It is further objected to M. Heurteloup, "But the instruments employed by Civiale appear to us to be the most simple, and we are great admirers of simplicity in the construction of surgical instruments. The march of improvement, it may be observed, has ever been from what is more complicated to what is less so; nature herself is the mother of simplicity." Truly this gentleman would appear to be one of her offspring; in the confusion of his ideas, he has forgotten that complexity of structure does not necessarily imply difficulty of application. If such were the case, many of the beautiful inventions which science has afforded to the arts would be comparatively useless. How many illiterate seamen, who are utterly ignorant of mathematics, are adepts in the use of the quadrant! But a more domestic illustration is afforded in the instance of the watch or clock, the application of which is palpable to the veriest simpleton; yet how few understand its mechanism! I confidently assert, Sir, that the instruments of Baron Heurteloup, although consisting of a greater number of parts, are more easily managed than those of Civiale. But I suppose we must acquiesce in the countermarch of intellect promulged by this writer, must needs abandon the precision of clock-work, and re-adopt the more antique means of measuring time by the sand-glass; nay, perhaps, surrender the use of graphic language itself, and return to the simple rhythm of tradition.

Baron Heurteloup lately performed his first operation in this country upon Mr. C. Wattie, of Upper Ebury Street, Pimlico, a brief sketch of whose case is inserted in No. 314 of The Lancet. Mr. Wattie had suffered from stone for two years previously. He is a man of good constitution, but of irritable temperament, and the tenor of his life has been unmarked by any great excesses. About a year since, he observed a difficulty in the act of micturition; the jet of urine was suddenly interrupted and diminished in volume; and an annoying titillation in the glans penis excited by the accumulation of urine in the bladder. The functional derangement of the urinary apparatus was at first but slight, and it was not until the latter months that Mr. Wattie experienced violent pains in the loins, and which were much increased in walking. The severity of the symptoms was mitigated by an exhibition of soda and other prophylactic remedies, prescribed by Mr. White.

"On the 20th of July," says the Baron, "the patient was presented to me by Mr. White; I sounded him, and recognised the presence of calculi, which I judged to be small, and probably numerous. When I injected water into the bladder of the patient, in order to practise catheterism, I felt, and made the assistants feel, that the bladder was small, and eminently contractile, since it received no more than three ounces of water, which was expelled with great force immediately after its injection; and I pointed out to the by-standers that this viscus presented, especially on the left side, those muscular columns, which have given to bladders thus circumstanced, the name of *vessies à colonne*. On the 24th July, I made the first application of the instrument "a trois branches," without having in any manner prepared the canal for its introduction. After having injected the bladder with warm water, of which only four ounces were retained, and that with pain, I introduced my instrument with great ease, a little delay however being occasioned at the cervix, by its participating in the contraction of the bladder. After a pause of a few seconds, the spasm relaxed, and the canula slipped in. The branches of the instrument were opened, a stone seized, and immediately broken; a second was taken, and in like manner destroyed; several fragments were then successfully apprehended and crushed. The stones were of the mulberry kind, soft, and destroyed by a single rotation of the drill-bow." A full sized elastic catheter, having two very large lateral foramina, was introduced, through which tepid water was again injected, and immediately suffered to return, bringing with it some of the comminuted fragments.

July 28th.—Several particles were passed, and on the 29th, a fragment of some size. The only inconvenience experienced by the patient during the operation was, from time to time, a strong desire to make water.

On the 30th July, Mr. Wattie underwent a second sitting. The bladder received a greater quantity of water, but still its irritability was considerable. M. Heurteloup pulverized several fragments which had been previously broken, and fractured two new stones. The dostruction of the fragments was effected by the conjoined pressure of the drill and branches. This "séance" did not occupy more than six minutes. For the first six days after this operation, a few small fragments only were passed in the urinary stream. On the seventh day, Dr Heurteloup examined the patient; he observed that the urine, although flowing in a continuous jet, was not altogether regular. This determined him to introduce the instrument once more; it was done without exciting any painful sensation or anxiety in the mind of the patient, who had become familiarized to its use. A fragment was now felt, seized, and destroyed. It is a remarkable fact, that the instrument was never opened without grasping some fragment. The Baron observed, that on this precision depended in a great measure the success of the manipulation. He also observed, that particles might occasionally rest in the bladder, and be not indicated by the sound, but that the "acting" instrument infallibly detects them. This was illustrated on the 20th August. The bladder was injected, the catheter introduced, but no foreign body was felt; the three-branched instrument was then introduced, a particle discovered, crushed, and evacuated with the urine. A very careful examination of the organ has since been made, and no extraneous substance of any size encountered.

During the time Mr. Wattie underwent these operations, the symptoms gradually ameliorated, and he followed his customary occupations; each day he walked with more and more ease and firmness; the expulsion of urine became easy and regular, and this secretion, from being turbid and calcareous, has become perfectly transparent. The peptic and other powers of the patient are completely restored.

This then is tho first instance in England of a cure of the stone being obtained by the new process. And now that the ice has been broken, and the principles of lithonthrypty inculcated by example as well as in precept, it is to be hoped that the surgeons of England will afford their countenance to a method of relieving a large class of sufferers, which is no longer a matter of mere speculation. That hundreds of persons are now living in this country, whose cases are susceptible of alleviation and cure, is a fact that cannot be doubted; individuals whose waking consciousness is but a modification of anguish, and who never close their eyes but to dream on wretchedness.

Those surgeons who are attached to almshouses, dispensaries, and parochial charities, must be acquainted with many such instances, and may, by bringing them forward, have a considerable share in establishing the success of lithonthrypty in this island.

Westminster Hospital, Sept. 14, 1829.

DR. SPURZHEIM

ON THE HEADS OF BURK AND HARE.

To the Editor of THE LANCET.

SIR,—As your numerous readers have been informed of such self-styled phrenological observations as were made by Mr. Stone on the heads of the murderers, Hare and Burk, I hope you will allow me a short space in one of your next numbers for a few remarks. Before I had appealed to my only authority in phrenology, *Nature*, I could not reply. Being now in possession of exact copies of both heads, taken from nature by an eminent artist, Mr. Joseph, I invite every impartial inquirer and lover of truth, to inspect these exact copies, on any Thursday, from two to four o'clock, at No. 8, Gower Street, and to convince himself, by his own senses, of the *moral or intellectual incapacity* of Mr. Stone to instruct the public about phrenology. Whatever he may have written to the contrary, it is a positive fact, that in these two murderers, the organs of the moral sentiments are very small in proportion to those of the animal propensities. In my collection, among fifty busts and forty skulls (these partly real, partly copies in plaster) of criminals, there are not six with such a low cerebral organization, as the busts of Hare and Burk; not to speak of the difference between the heads of great criminals and of individuals of high moral character. Now, when I see these two cases evidently misrepresented; when I further read Mr. Stone's words, that "*the skull of the murderer Pepe, which has been repeatedly inspected, exhibits a remarkable deficiency of the pretended organ of destructiveness*;" whilst when, during my visit in Edinburgh, in the winter of 1828, the same skull was put into my hands by Dr. Graham, without telling me a word of its history, but with the request to give my opinion of it; I at once saw and declared the organs of combativeness and destructiveness *very large*; finally, when I find that Mr. Stone's "*Evidences against Phrenology*" are *evidently* "*literary delinquencies*," I must be permitted to decline all authority of Mr. Stone in any decision of phrenological truth. Res, non verba, quæso.

I have the honour to be, Sir,
Your obedient servant,
G. Spurzheim.

3, Gower Street,
21st September, 1829.

STONE BULLET SHOT INTO THE BLADDER.

By William Lewis, *Esq. Surgeon.*

John Roden, a boy about 11 years of age, (of the Deanery-row,) of a spare habit and pale complexion, received a shot wound on the 5th of November last, while passing a door from behind which a pistol was discharged, loaded with a stone bullet; the shot, after penetrating the door, entered the upper part of the left thigh, and afterwards passed into the bladder. On my first visit, I found a contused wound of a circular shape. I extracted several small pieces of wadding, but was not able, by the most minute examination, to detect the presence of any other foreign body. Syncope supervened, although the hæmorrhage was slight, and no urine passed through the wound at that time. On the following day, there was great external inflammation about the region of the bladder, with excruciating pain whenever an attempt was made to pass the urine; great tenderness upon pressure of the abnomen; pulse quick, hard, and full; tongue dry; great thirst, and many other symptoms of excessive inflammatory action. A free abstraction of blood, both general and local, with oleaginous purgatives, enemas, warm fomentations, and a strict adherance to the antiphlogistic regimen, soon subdued these violent symptoms, and, on the third day, the urine passed freely through the orifice in the thigh, and continued so to do for many weeks; during this time, bloody urine was occasionally passed by the urethra, and frequently a considerable quantity of mucus; there was also a great sympathetic swelling of the glands in the groin. The wound at length became partially healed, and the symptoms of stone in the bladder were very much aggravated. I was particularly anxious at this time to introduce a sound; but neither the parents nor the patient would consent, and at length the wound entirely healed, and the swelling in the groin gradually disappeared. I then succeeded in introducing the sound, and immediately detected some foreign body in the bladder. Soon afterwards I determined upon performing the lateral operation of lithotomy, which I did on the 23d of June, in the usual manner, with the gorget, and extracted the marble without difficulty, considerably increased in size, from a deposition of calculous matter adhering firmly to it. Not a single unfavourable symptom resulted from the operation, and in a fortnight the boy was enabled to get about. He now enjoys perfect health.

Wolverhampton,
September 15th, 1829.

EXPOSURE OF UNQUALIFIED PRACTITIONERS.

To the Editor of The Lancet.

Sir,—In a former letter, I gave a statement of a case that occurred here, which, from its concurring circumstances, appeared to me of no ordinary consequence. Previous to its being forwarded for publication, I signified my intention to a person who was one of the attendants on it, and recommended him, if he thought the treatment of the case justifiable, to lose no time in sending you his report of it. Whether he has done so, is best known to you; but I have much reason to believe he has not. I am led to conclude that an occurrence, in great measure confirmed by the few facts I have mentioned to you, will not escape your observation; the sacrifice of a human life to *professional* ignorance in Shropshire, being, in my opinion, of as much importance to the public, as if the same had happened at *Guy's Hospital*.

Any intention on my part to expose accidents in private practice, I utterly deprecate; but those who assume the consequence of professional men, without the necessary education, and fearlessly launch forward as determiners of the fate of hundreds of their fellow-creatures, I regard in a different light. They appear to me to fill public and responsible situations. If, by virtue of an *assumed* name, their offences escape the justice of the civil law, it is but strictly correct to subject them to the punishment of having their ignorance and errors exposed to public reprehension.

The medical profession, of all others, perhaps, abounds the most in impostors, who may be thought generally to be beneath observation; yet it is lamentable to observe how frequently they come into unavoidable collision with honest practitioners in the discharge of their duties. The only means of successfully encountering such evils is the effect produced on the public mind, through the medium of a free press. I am led, therefore, to expect to see its advantages more frequently resorted to, and its assistance freely extended to all who possess sufficient integrity to sacrifice *every feeling of self-interest*, in order to undeceive the people, and hold to merited contempt such ignorant men as presume to live by, and, at the same time deride, the credulity of mankind. Were this exposure more frequently resorted to, and no indulgence given or expected, men of integrity only would soon be found to fill the profession. Real knowledge and education should become more indispensable qualifications for a successful practice, than the diploma of a Royal College of Surgeons. I am, Sir, your obedient servant,

M. W. Henry.

Wellington Salop, Sept. 1, 1829.

DERBY MEDICAL AND SURGICAL SOCIETY.

To the Editor of The Lancet.

Sir,—At a general meeting of the physicians and surgeons of this town, recently convened, it was resolved to form a Medical and Surgical Society on the principle of co-operation, for the purpose of promoting the respectability and general interests of the profession.

Amongst the primary objects of the intended Society, the following may be mentioned:—

1. The formation of rules for the guidance of physicians in their professional intercourse with each other, and to establish uniformity of fees.
2. Rules for the guidance of general practitioners in their professional intercourse with each other, and for the regulation of their charges.
3. Rules to be observed in the professional intercourse between physicians and general practitioners. As secretary of this Society, I am instructed by its committee, to solicit from yourself, or from your correspondents, through the medium of your publication, information as to the existence of similar societies, together with the rules by which they are governed; and the suggestions of any gentleman who has given his attention to the subject will be deemed an additional favour. I am, Sir,

Your most obedient servant,

John Jones.

Derby, Sept. 22d, 1829.

THE OWL AND THE BATS.

A series of conflicts has lately taken place in Great Windmill Street, between these animals; and from the owl's strength in his beak and talons, it is probable that the next fight will terminate in the complete defeat of the bats, and their expulsion from the nest of that carnivorous bird. The "little eminent," the "yellow goth," and his groom of the "chambers" and "stone," better known as the "*Lapis Infernalis*" of the Windmill-street, Pharmacopœia, are preparing their wings for a flight to St. George's, in the hope that they may there find a "hole and corner" suited to their dirty propensities.

TO CORRESPONDENTS.

Communications received from Mr. F. Wilson—Mr. Dean—Dr. Brenton—Dr. Hope—Mr. Wm. Russell—Mr. Nicholas Comins—Mr. James Boyle—Mr. J. Glennie—Mr. Pitman—Mr. Cradock—Mr. Henry Lindley—Mr. Banks—Mr. Sabine—M. Chardin—Mr. Lodge—Dr. Shaw—Mr. R. Gardner—Mr. Roden—Mr. S. Swinney—Mr. J. Lyster, jun.—Scotus—W. A. W.—A Poor General Practitioner.

To many of our correspondents we must return private answers.

We have not yet been able to read the very long communication of A. B. C.

"A Pupil and a stranger in London." The University possesses many advantages, and the student's comforts and interests are considered in every arrangement. Breakfasts and dinners may be obtained in the "refreshment rooms" of the institution, at a cost of about half-a-guinea a week; cheaper than at the lowest coffee-house. The Middlesex Hospital is nearly the worst in London for students, the rules of the governors not admitting an attendance of more than four hours and a half in each week. St. Bartholomew's is the hospital for the students of the University. It is at some distance, to be sure, but its superior advantages far outweigh that inconvenience.

As O. P. X. *must* remain in the Borough, in consequence of "domestic circumstances," we advise him to enter to the *Surgical and Medical Practice* of St. Thomas's Hospital, and to the *Surgical Lectures* of Mr. Green. He had better enter to the lectures on Anatomy and Dissections, at the Webb Street School; they have not only the reputation of being better than those of St. Thomas's or Guy's, but are attainable at half the cost, as the charges stand thus: St. Thomas's—*Anatomy and Dissections*, perpetual, 21*l*. Guy's, the same. Webb Street, *Anatomy and Dissections*, perpetual, 10*l*. 10*s*. The attendance of the lecturers in the dissecting-room of the last-named school, is unremitting. We advise pupils, generally, not to enter to hospitals or lectures until after the most mature deliberation.